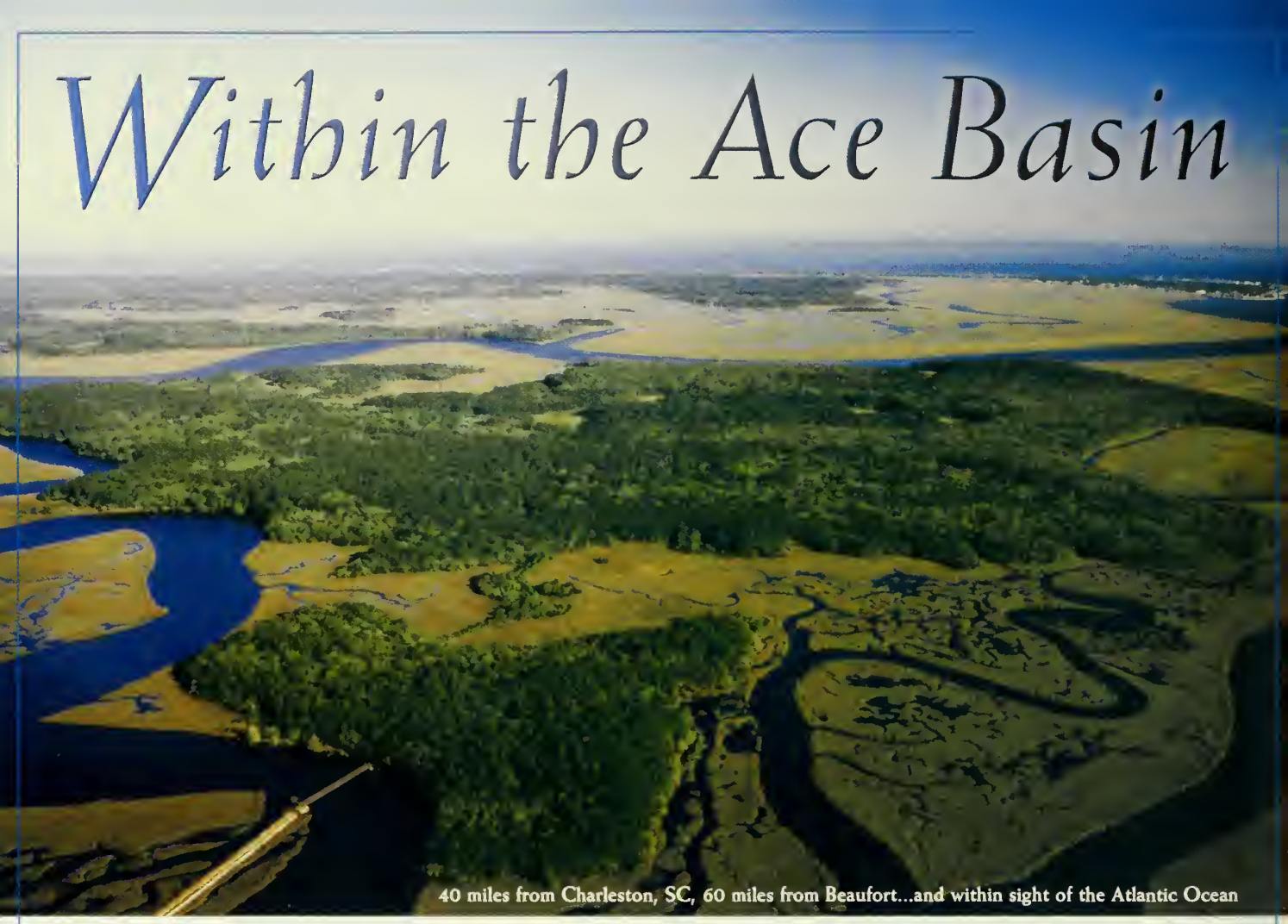
MEDICAL COLLEGE OF GEORGIA

TODAY

Volume 30, Number 4 Summer 2002

Within the Ace Basin



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MEDICAL COLLEGE OF GEORGIA

TODAY

Dear Friends,

I can hardly believe that I have been the president of the Medical College of Georgia for a full year.

The year has been filled with challenges and change. The early-retirement program was completed last July. We have successfully completed the second year of operation of the restructured MCG Health System. Three new deans and 108 new faculty members have been recruited.

We have completed plans to guide us as we focus on moving MCG into the ranks of the nation's premier academic health science universities. We have worked closely with the chancellor, legislature and governor to address the state's financial challenges while advancing our mission and purpose as Georgia's only comprehensive, public, health sciences university.

All of MCG's missions are being advanced. Educational innovation is evident as new technology is incorporated into the curriculum and content is updated to keep pace with the changing face of the health professions. The clinical system is better positioned now than at any time in recent years to support MCG's academic missions.

Research has increased steadily over the past three years, as has the quality of the MCG faculty's biomedical science. Research funding is increasing but, more importantly, breakthroughs are occurring in our understanding of basic mechanisms and opportunities for novel therapies in diseases of great importance to Georgia.

A new research building, health sciences building and cancer research building are in the works. Work continues on the development of a cancer center of excellence in partnership with physicians and health systems throughout this region of Georgia.

This is a time of rapid change, but also a time to sharpen our focus on our core purpose: to improve health and reduce the burden of illness in Georgia and society through education, service and research.

I look forward to working with you as we take MCG to a new level of excellence.

Sincerely,

Daniel W. Rahn, M.D.
President, Medical College of Georgia

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Editor's note: This column introduces a new feature of *Medical College of Georgia Today:* an essay from a member of the MCG community about a compelling issue in the writer's personal or professional life. Dr. Kelly E.M. Knowles, a 2002 graduate of the MCG School of Medicine and recipient of the 2002 John F. Beard Award (*see page 21*), wrote the essay during her sophomore year of medical school for an ethics course taught by Dr. Alan Roberts, associate professor of medicine.

Crafting Good from My Pain

I have been told that I called her "Mom" first—Kari Noel Jahnke, my oldest sister, 16 years my senior. She took care of me, scolded me when needed and taught me much of life and manners. Kari's death in 1993 at the age of 33 profoundly changed my outlook on life. Much of normal, everyday small talk about clothing, styles, movies, coffee flavors, etc., suddenly seemed so unimportant, even vain, and yes, irritating as well.

People have taken on new significance for me. I think of my own mortality more and have lost that naïve sense of security that tells us, "Everything will turn out all right in the end."

My rotations (which began in June) will be an entirely different experience because I have experienced personal grief. A patient's comments about her feelings since the death of her mother, or husband or brother; the numbness or tears coming from nowhere, at inappropriate times; expecting to hear her brother's voice when answering the phone.... Such feelings, before my sister's death, might have seemed irrational to me, a reason, perhaps, for prescribing medication or other treatment. I would have had so much less understanding of events in my patients' lives, such as anniversaries and holidays, and the feelings evoked by certain sights, smells or sounds. I suspect, before Kari, I would have been quick to speak trite phrases of cold comfort: "You should get on with your life now," or "You need to get over it." Recognition of a grieving colleague or co-worker would have been slow, awkward or insensitive.

Because of my sister's death, the simple statement in Mr. Wallace's chart, "His mother died yesterday," now speaks volumes to me. Before I enter the examining room, my heart goes out to him, and I know this will not be a five-minute interview. Whether 6 or 60, whether forewarned or surprised, one is never ready for death.

Death is a separation that exists on a deeper plane than we like to admit. It is the inevitable conclusion to every person's life and the profound shock to one's family and friends is immeasurable. It has been said that the death of a loved one strips away a layer of one's soul, and for me at least, allows deeper empathy for fellow sufferers.

The likely impact on a medical student's life when he or she is faced with death and grief for the first time is bound to be one of crisis, angst and uncertainty. What choice will he make? Will he try to steel himself against painful feelings, try to avoid such situations, try to deny the pain? Will he become desensitized, developing "dysplasia of the heart" and forming a thick callus between his true self and the suffering individual before him? Or will he choose to accept what comes his way, working to change what he can and let go of that he cannot, giving or receiving comfort from each suffering individual he cares for, as he is enabled by God to do so?

The life and death of my sister, Kari, and the ensuing grief has greatly affected my life, preparing me for my work as a physician in ways I could not see while I was in college. Now as I look toward beginning my hospital rotations, I see how God has and will continue to craft good from my pain and use me, my words and my hands to comfort others.

Medical College of Georgia Today welcomes submissions to the new *Reflections* segment of the magazine. Typed essays (approximately 750 words long) reflecting a professional or personal concern of a member of the MCG community should be submitted to: Christine Hurley Deriso, Editor; *Medical College of Georgia Today;* FI-1040; Medical College of Georgia; Augusta, GA 30912; (706) 721-2124 (phone); (706) 721-6723 (fax); cderiso@mail.mcg.edu (e-mail).

Letters to the Editor

I was born the year that Dr. Gerald Loft (*Dental Professor Closes Book on 53-Year Career,* spring 2002) graduated from the Emory University School of Dentistry. The reason that I remember that fact is that Dr. Loft was one of the first faculty members at MCG to really welcome me to MCG. He mentioned then that he was a 1948 graduate of Emory's dental school. (I am a 1974 graduate).

Dr. Loft nominated me for my first position in administration, the dental school clinical faculty representative's seat on the School of Dentistry Academic Council. That eventually led six years later to my being elected vice chairman of the MCG Academic Council.

Much has happened since I started at MCG in 1981, but I feel that I owe much of my success at MCG to Dr. Loft's early support of my academic career. I doubt that I would still be at MCG without Dr. Loft taking an interest in me.

Dr. Allen Sisk
Augusta, Georgia

I enjoy *MCG Today* very much; the articles are very special to me. I am writing to thank you for a long-past article concerning prisoners of war (*Family Still Seeks Answers About MIA/Alumnus,* fall 2000). In the article, I knew for the first time of a friend from MCG who has been missing all these years and I never knew. I wrote a letter to the sister and made a contribution to the [National League of Families of POW/MIA], which I hope to continue to support. I thank you for printing the politically sensitive article and hope we never forget the pain and sacrifices [of] war.

Mary M. Jacobs
School of Allied Health Sciences, '71

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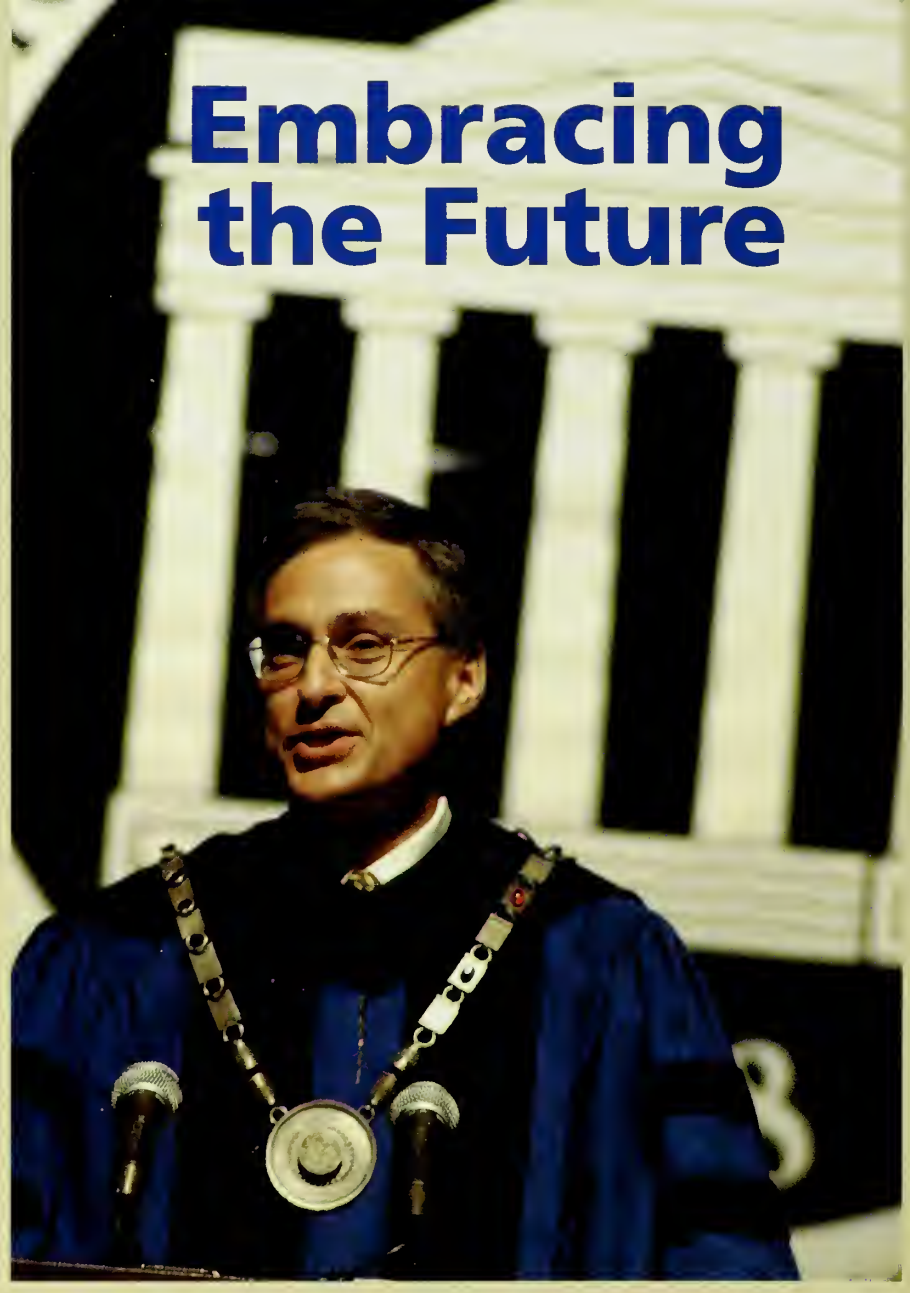
Embracing the Future



Editor's note: *Following is the slightly abridged text of President Daniel W. Rahn's Inauguration Address, delivered April 26.*

I assumed the presidency of the Medical College of Georgia last June, nearly a year ago. I've had a lot of time to think about what I would say today. And it is quite simple, really: This business we're in requires a commitment to knowledge and service. It requires a heart for caring.

Our mission—the fundamental, core function that drives all we do—is to improve health and reduce the burden of illness in society. We teach. We discover. We care. While our purpose has not changed over MCG's 174-year history, the stage on which we serve society has been significantly altered.

When the Medical Academy of Georgia was formed in 1828, Henry Gray had not yet created his *Anatomy of the Human Body.* Florence Nightingale was 8—still 26 years from revolutionizing nursing through her service during the Crimean War. Dentists used drills powered by twisted catgut or coiled wire springs to remove decay from teeth.

When our founding fathers, Dr. Milton Antony and Dr. Joseph Adams Eve, began training physicians in two borrowed rooms of the City Hospital, medicine was not the enlightened profession it is today. In 1828, surgical procedures were performed without anesthesia. The first use of ether during surgery is credited to Dr. Crawford Williamson Long, a Georgia native, in 1842. And antibiotics—they, of course, were unheard of for a full century after MCG's founding, until Alexander Fleming discovered penicillin in 1929.

During the 19th century, the practice of heroic medicine—using bleeding, blistering and other unsavory approaches to purge the body of disease—was commonplace. Patent medicine—the use of questionable and usually highly alcoholic tinctures and potions to cure illness—abounded. The River Swamp Chill and Fever Cure was a popular locally produced remedy for yellow fever and malaria, which were believed to be caused by breathing the mist that rose from the Savannah River each morning.

I've heard 19th-century medicine described as equal parts quackery and science. But the 19th century also was a period of rapid change in medicine, a period that spawned many of the methods and ideas that form the basis of modern clinical medicine: the germ theory of disease, use of medical imaging and local anesthesia, the principles of hygiene. And it was Gregor Mendel's mid-19th-century experiments with peas that demonstrated physical traits pass from one generation to the next—the foundation of today's extraordinary work in genetics and molecular biology.

Two recent events stirred enormous press interest as examples of the incredible advances of the genetic revolution. In 1997, Dolly, the first mammal to be cloned from an adult, was introduced to the world. And, in 2000, the much-anticipated sequencing of the human genome was completed.

On the national stage, politicians, religious leaders, ethicists and scientists debate human genetic research. While

this debate rages, as it should, researchers quietly work at their benches, using molecular genetic techniques to manipulate cells, making small, incremental discoveries that broaden our understanding of human biology and disease processes.

Discoveries in the fields of stem cell biology, immunogenetics, genomics and proteomics—words not found in dictionaries of a decade ago and not even in my spell checker now—are paving the way for us to actually intervene in disease processes in fundamental ways that were unimaginable a few years ago. The challenges are formidable and the possibilities are mind-boggling. We are on the verge of a virtual revolution in biomedical science, one which may well transform our approach to human health and disease.

But equally formidable are the economic and ethical challenges associated with these new tools and scientific breakthroughs. As we work to advance our knowledge of the biomedical sciences, we must work simultaneously to assure that we provide the highest-quality health care to everyone, to assure that non-scientific barriers do not result in health care disparities. We also must assure that our biotechnical advances do not overwhelm our ethical standards.

During the past quarter century, we have witnessed a gradual transition in the pattern of health, a shift from the treatment of acute problems to the management of chronic diseases. Less than 80 years ago, President Coolidge lost his son to septic poisoning, the result of a blister he developed while playing tennis on the White House lawn. Life expectancy at birth was just 56.4 years.

Today, the average American lives more than 77 years; most are afflicted with a chronic disease during that lifetime: diabetes; cardiovascular disease; Alzheimer's disease; rheumatoid arthritis; cancer…illnesses that are prolonged; illnesses that are not resolved with a short course of treatment; illnesses that are rarely completely cured. Treatment becomes ongoing management that requires collaboration among teams of health professionals. And this transfers more responsibility to the patient as a member of that team. Now, more than ever, we are in this together—and for the long haul. That is why we, as practitioners, must have a heart for caring.

We work with patients over long periods of time to minimize the adverse effects of debilitating illness. We work with patients who, thanks to the development of emergency medicine, survive traumatic accidents and regain maximum mobility and functionality, but only through lengthy therapeutic treatments. Often, we alleviate suffering. Occasionally, we cure. But always, we care.

We are surrounded by amazingly sophisticated modalities for medical care and treatment. With the Gamma knife, for example, we are able to perform brain surgery without ever opening the skull. But we continue to struggle to deliver dental care to children, to meet the health care needs of the uninsured, to eliminate longstanding and troubling disparities in the health status of racial and ethnic minorities.

Last month, the Institute of Medicine, the medical branch of the National Academy of Sciences, released an extensive analysis of racial and ethnic disparities in health care in the United States. This monograph, entitled Unequal Treatment, presents in exhaustive detail what we already knew from many individual studies: that racially determined disparities in health status and health care are pervasive.

How far have we come as a scientific and medical community if African Americans are less likely to receive appropriate care for heart disease or recommended cancer screening when compared to their white counterparts? If half the children born to low-income families do not receive appropriate dental care?

African Americans have worse health status when compared to their white counterparts in the areas of maternal and child health, cardiovascular care, treatment of diabetes and kidney disease, use of analgesics, cancer diagnostic tests, emergency service treatment, mental health services and on and on. These disparities persist even after controlling for socioeconomic factors.

We know that the interplay of genetics, ethnicity, socioeconomic status, geography and health behaviors all contribute to health status, health care access and health care quality. This is a complex issue, a troubling issue, that defies a single, simple solution. But I can assure you: Part of the solution is to increase the number of underrepresented minority health professionals. Our goal must be the complete

elimination of health disparities. MCG will do everything possible as a public institution to erase these disparities in Georgia and will work with every partner in this endeavor.

As practitioners, we do not treat problems. We treat people. And that requires us to build relationships with our patients. As educators, we must instill this value of caring in the students who trust us to guide and instruct them. We have a responsibility to our students to provide them with the knowledge and skills they require to function at the top of their chosen fields. But we also must plant the seeds of lifelong learning and social responsibility so that they remain there and serve society in a manner that is worthy of the trust placed in health care professionals.

We must educate professionals who advance biomedical science and clinical care through their knowledge and skills. But we must also mentor and mold people who comfort and serve other people…physicians, nurses, dentists and allied health professionals who recognize and respond to the health care needs of everyone in society, including the marginalized, the elderly and the poor.

As leaders of the medical professions, we must work with professional societies and public policymakers to aggressively address issues that impact the health of the public we serve. Yes, we have a responsibility to advance science, to advance medicine, to advance clinical care. But we also have a responsibility to not leave anyone behind.

Next month, MCG will graduate 700 new health professionals and biomedical scientists. These newly minted practitioners and investigators will have the knowledge and skills to make major contributions to society. And if the past predicts the future, more than 65 percent will remain in the state, directly contributing to improved health status for all Georgians.

I know our students—our junior colleagues—will leave this institution as highly trained professionals but also with a commitment to serve society. We see their empathy, their passion for service, in the initiatives they have undertaken during their years of study.

Our students, across all schools, have sponsored and participated in service projects to address the health needs of migrant workers, of children in low-socioeconomic neighborhoods, of citizens in rural areas. For the past 10 years, Students for Intercultural Medicine has provided humanitarian efforts abroad, providing basic medical supplies and services to citizens in need. This year, students formed a campuswide Committee for Community Service, a way to unify the entire student body through organized volunteerism. In May, three dental students will cycle 100 miles up Mt. Mitchell—11,000 vertical feet of climb—to raise funds for student scholarships. And just this week, 10 of our freshman medical students conducted a bone marrow and stem cell drive to connect patients with possible donors. Hearts for caring: We're very proud of all of them.

As many great philosophers and poets have noted, nothing endures but change. It is life's only constant. New threats to the health of the public are emerging, but new threats have always emerged. Some—infectious diseases thought to be relics of the past—are now on the front page as tools of terrorists.

The health professions are changing, but they, too, have always been changing. MCG is changing: new relationships, new buildings on the horizon, new faculty being recruited, new president. Since I assumed this office in June, we've recruited three new deans and 114 new faculty. And, through the generous support of the Georgia state government and the people of the state, we have acquired more than $40 million in funding for capital projects such as our cancer research facility and the addition to the Interdisciplinary Research Building.

We completed a strategic planning process that resulted in 30 high-level strategic priorities for the institution. We've also completed a master facilities planning process that will guide the growth and development of our campus over the next 10 years. This process embraced our current building projects—the Cancer and Interdisciplinary Research Buildings, the allied health and nursing educational building and the wellness center—but also mapped out a bold and attractive plan for campus development. We envision creating an enhanced campus atmosphere by increasing green space and minimizing surface parking. We intend to enhance our connection to the community through improved campus edges, heightened accessibility to downtown Augusta and through the creation of a biotechnology research park—a collaboration with the Georgia Medical Center Authority.

Clearly, we are advancing the mission of this institution. Realizing our full potential—that is, for MCG to contribute what it is capable of contributing to Georgia—will require broad collaboration and new kinds of partnerships that cross institutional lines and involve public/private partnerships. Collaboration across schools and departments. Collaboration with our partners in the MCG Health System and the University System of Georgia. And collaboration with our friends and colleagues in the Augusta community as we develop creative partnerships designed to translate medical advances into improved health and economic development. MCG stands at the epicenter of an incredible amount of change, but MCG does not stand alone.

This institution—indeed, any complex organizational structure—will always be in a state of transition. We will always strive to become better than what we are. But to be a superior health sciences university, one thing must never change: We must stay true to our core purpose. We must stay true to our value to society: to teach, to discover, to care.

We have embraced our mission of improving health and reducing the burden of illness in society. We have embraced our vision of becoming one of the nation's premier health sciences universities. And we have embraced our shared values of leadership, social responsibility, compassion, diversity, professionalism and excellence. Now…let us embrace our future.

Charting the Path

Christine Hurley Deriso

Medical College of Georgia President Daniel W. Rahn's message is succinct, but his vision is broad. He simply wants MCG to be one of the nation's premier health sciences universities.

No small task, he knows, but doable, assuming every member of the MCG community plays a part.

Since assuming the presidency last June, Dr. Rahn has gathered input from every segment of campus, calling on collective wisdom and individual expertise to identify goals to advance the university. Based on that input, Dr. Rahn and his senior leadership team have developed a strategic plan for the university.

MCG's future, he says, depends on the countless individual efforts that take place day in and day out on campus. "Our focus is not on what the institution will do, but on what we will do," he said.

But individual efforts must be directed toward common goals and purposes. He urges university members to tap into their passion and courage to optimize MCG's potential.

Dr. Rahn eschews lengthy vision statements, but the university needs a clear road map, he said, to stay on course. He outlined specific goals for MCG's clinical, research and educational initiatives.

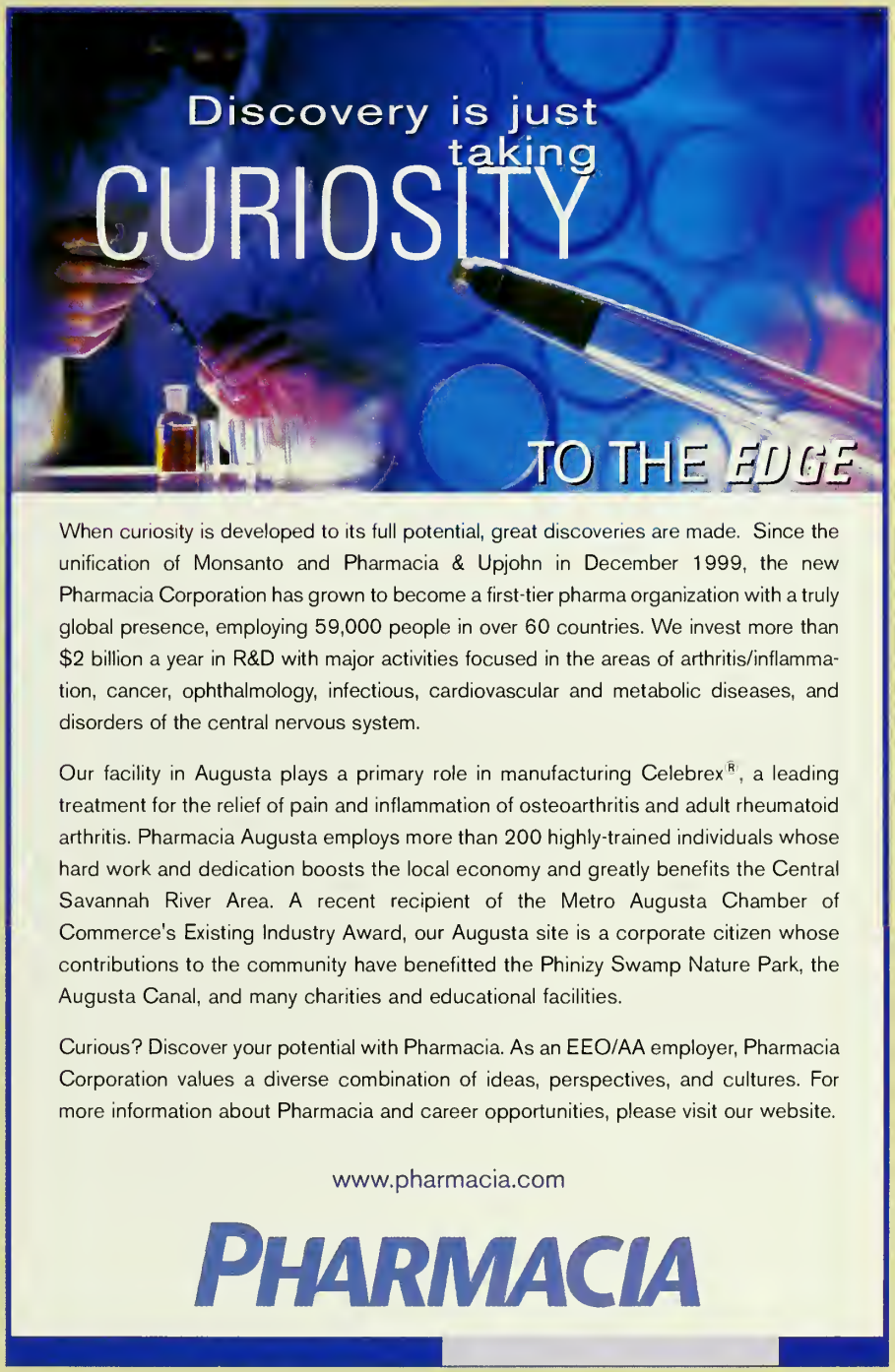
For instance, MCG aims to be a top-50 academic health sciences university in National Institutes of Health funding, with interdisciplinary research focused on cancer, cardiovascular diseases, neurological diseases, infection and inflammation and biomedical technology.

The university aims to increase overall research funding by 20 percent each year, reaching $108 million by 2007. The school also plans to add 25 research faculty each year and increase research space on campus. MCG also plans to adjust its academic programs as needed to meet changing health needs of the state, and to monitor academic outcomes to ensure the programs' quality.

University-wide goals include implementing mission-based management, enhancing the competitiveness of employee salaries, bolstering academic marketing efforts and increasing student and faculty diversity.

MCG Health, Inc., in a parallel planning process, established outcomes for the clinical system, including upper-quartile representation in several national barometers of clinical excellence.

If everyone pulls together to achieve MCG's goals, Dr. Rahn said, benefits will include increased university funding and jobs, an enhanced national and international reputation and significant economic growth, particularly in biotechnical business development. Those goals, Dr. Rahn stressed, are worthy of everyone's best efforts.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Let's Get Started

Christine Hurley Deriso

April 23: University System of Georgia Chancellor Thomas M. Meredith's day starts with a three-hour, pre-dawn drive to Augusta, and by 2 p.m., he's clicked off meetings, a tour and a luncheon. His afternoon schedule is full, too...in fact, a 2 p.m. interview with *MCG Today* was squeezed in at the last minute and must be timed to the nanosecond—40 minutes, tops—to ensure that he fulfills all of the day's obligations.

So when he sits down for the interview, he is understandably tense, tired and distracted...right?

Actually, no. Dr. Meredith, an imposing presence at 6 ft., 5 in., offers a firm handshake and warm smile. As he sits down to chat, he is totally attentive, disarmingly engaging and cool as a cucumber. True, he has only 40 minutes to spare—he's particular about staying on schedule—but the next 40 minutes unfold as leisurely and congenially as an early-evening visit on a porch swing with neighbors.

Dr. Meredith has been chancellor only since Jan. 1, but he long ago grew accustomed to jam-packed schedules. The Kentucky native—an only child whose parents' top priority was to give their son the education they couldn't get—attended Kentucky Wesleyan College on basketball and baseball scholarships.

"I didn't really make a commitment academically until I got to college," Dr. Meredith said. "I had pretty good grades in high school, but in college, it became important to me to make *very* good grades." With his grueling athletic schedule, this was no easy task, but he rose to the challenge. "Sports forced me to develop time-management skills."

Those skills came in handy when Dr. Meredith began a career as a high school teacher and coach. "If you teach a full load every day and coach two sports, the demands are just constant," he said. "But I loved every minute of it."

Dr. Meredith's next goal was to become a principal, so he earned a doctorate of education at the University of Mississippi. He also met his wife, Susan, there, and after marrying in 1972, they began raising two sons. Dr. Meredith was intent on instilling in his sons the same commitment to education that his parents had instilled in him. "We had a value system in the house that school work came first and that any grade below a B was not acceptable. One of our sons worked hard to make all A's, and the other just made sure he never made a C," Dr. Meredith said with a laugh. "Then he got into college and just lit up." Today, one son is in medical school, the other in law school.

Dr. Meredith's administrative career evolved more quickly than he imagined. Shortly after earning his doctorate, the governing board of Mississippi

sought his expertise in curricula. He joined the University of Mississippi administration and then was named president of Western Kentucky University. He joined the University of Alabama System as chancellor in 1997, then succeeded Dr. Stephen R. Portch as chancellor of the University System of Georgia in January.

He loved his tenure at the University of Alabama System, enjoying the small-town life of charming Tuscaloosa, home of the state's flagship university. He was proud of the system's three solid research universities and its burgeoning reputation nationwide. "Quality things were under way and more were coming," Dr. Meredith said.

But when offered the chance to assume a like post in neighboring Georgia, he couldn't say no. "The higher-education institutions in the South have huge potential," he said. "The problem is acquiring enough resources to support them, and Georgia has been outstanding in that regard. Education is clearly supported by this state. The consensus is, 'Education is important and we're going to fund it.'"

He also was impressed by the work of his predecessor, who raised admissions standards, converted to the semester system and upgraded the standards of Georgia's public colleges and universities. "I think Steve Portch did an excellent job," Dr. Meredith said. "He did some outstanding, progressive things for Georgia and we want to build on that."

One of Dr. Meredith's highest priorities is increasing the participation rate in postsecondary education. "We want to raise the aspirations of young people, have them look beyond their high school diplomas," he said. "We're importing talent, and Georgia can't be successful in the long run unless we grow our own talent."

This challenge, he knows, necessitates stepping outside of ivory towers. Higher education can't afford an insular perspective; its success, he believes, depends on the success of every kindergarten, elementary school, middle school and high school in the state. Having once been in those trenches himself, he feels tremendous empathy and comradery toward the state's teachers. "We have outstanding teachers in K-12," Dr. Meredith said. "But educators haven't done a very good job of keeping the public and parents involved. We just haven't looked to them for the answers. Until these schools are the parents' schools, it's someone else's fault."

Close collaboration, he believes, is the key. "I think for K-12 to be as successful as it can be, the [educational] entities have to have a hand-in-glove partnership. For instance, we need teachers telling us if we're preparing future teachers the right way. One continuous communication system has to go on. We all have to help each other. That's the only way we can thrive."

"By starting out as a public school teacher and later serving as a principal, he brought a sensitivity to students' needs to his role as a college president," said Dr. Meredith's wife, Susan. "Now, serving as a chancellor, he never forgets what initially drove him to this profession: the desire to help students see the power of education to improve their lives and society."

Dr. Meredith finds himself thoroughly energized by the challenges at hand. "Having 34 institutions all under one Board of Regents gives the opportunity to really make a difference for a state," he said. "Those 34 institutions are loaded with bright people whom we can mobilize to solve problems. I'm also very impressed with the Board of Regents. Each member brings a special quality; they're a special group. And this state has a can-do attitude, undaunted by big ideas. Georgia believes it can accomplish anything and takes on anything."

Dr. Meredith's favorable impressions are reciprocated. "Dr. Meredith has made an exceptionally positive impression on everyone he has met since assuming the chancellor's post," said Arlethia Perry-Johnson, assistant vice chancellor of media and publications. "From legislators to campus presidents, students and faculty, he has connected well and earned high marks for his articulation of the university system's strengths and current challenges."

His rapport, says wife Susan, comes from genuine enthusiasm. "Tom has been such a great husband and father all these years, and it thrills me immensely to see him living out his dream of impacting so many students," she said. "He has had an opportunity to influence decision-making at every level of the educational pipeline, and he stays true to his goals."

Dr. Meredith is anxious to help Georgia colleges and universities, including MCG, optimize their potential. "I was very involved with the health system at the University of Alabama at Birmingham, and when I considered coming here, I looked closely at MCG," Dr. Meredith said. "My impression was, and is, that MCG is a very good school but it is not where it can be nor where it should be."

Even before leaving Tuscaloosa, he asked MCG President Daniel W. Rahn to articulate his vision for the university. "I was pleased to note that he was already on that path," Dr. Meredith said. "He brought back a plan for excellence that I endorsed (*see page 7*) and that the governor supports."

President Rahn is gratified that Dr. Meredith has such a sharp focus on his university. "I think that Georgia and the university system are very fortunate to have Dr. Meredith as the new chancellor," he said. "He has a wealth of experience in higher education administration and a forward-looking vision of the future that builds on the strengths of the entire system. His experience with the University of Alabama System, and with the University of Alabama-Birmingham in particular, have enabled him to develop an understanding of the specific issues that academic medical centers face. This is particularly helpful as we develop a shared vision for the future of MCG."

Of course, both men know that charting the course is only the first step. But jam-packed schedules notwithstanding, they have energy to spare... and boundless faith in MCG's potential.

"The path has been charted. Let's get on with business," Dr. Meredith said. "This will require an extraordinary effort from everyone, but I sense that commitment at MCG. I believe Dan Rahn is the right person to lead MCG to this next level."

Help Within Reach

Toni Baker

She has reached out to many in her life. Dorothy Moores is a wife and mother who raised seven children and still loves caring for them and their nine children. She is a nurse who has comforted the sick. She is gardener who is still perfecting her roses and once grew fruit trees, canning their bounty. She is a seamstress who made many of the drapes in her historic Augusta home.

Mrs. Moores was in her 30s when she first asked the doctor why her busy hands were a little stiff, her knuckles slightly enlarged. The diagnosis: arthritis. "I thought, 'Oh, Lord. Well, I'll just keep busy.'"

Busy she has been, caring for her large family and home along with her husband, Dr. Russell R. Moores, who retired once from his faculty position at the Medical College of Georgia only to come back to teach and treat patients.

One of those busy days, she was cutting hedge with electric clippers and felt pain in her hands. "Well, do you think I quit? No. The next day, I finished up about 150 feet of hedge and it hurt and hurt." Still, she postponed seeking treatment for three months. Finally, Dr. Nazir A. Bhati, a hand surgeon now retired from MCG, replaced the painful thumb joint near the wrist with an artificial one that would eliminate the unnatural union of bone against bone.

Osteoarthritis, a condition affecting about 25 million Americans, primarily those middle-aged and older, had done a number on Mrs. Moores' thumb joints. Those joints enable the hands to grasp and lift. "If you were to pinch and lift an object that weighed 1 pound, the force through that specific joint is 12 times that at your fingertips," said Dr. S. Marcus Fulcher, hand surgeon at MCG. "In order to pick up anything, you have to use your thumb. You can't substitute with anything else."

Hand surgeons such as Dr. Fulcher and Dr. R. Christie Wray Jr., *(pictured above)* chief of the Hand and Upper Extremity Service at MCG, treat the gamut of hand problems, including trauma, carpal tunnel syndrome and congenital defects. As baby boomers reach their senior years, treatment of osteoarthritis is likely to boom as well.

Hands, with hundreds of bones, joints, tendons and ligaments, are an easy target for destruction of cartilage. Dr. Walter J. Moore, chief of the MCG Section of Rheumatology, likens an arthritic hand to a door in which the hinge has become damaged but squeaks only when used.

It's rare for thumbs to be idle. "It's a

pivotal joint for hand function," said Cheryl Moores Priessman, occupational therapist at MCG Hospital and a 1985 graduate of the MCG School of Allied Health Sciences.

"Any time you [injure your thumbs], you realize how many intricate things you do with them a thousand times a day," said the therapist, who even talks with hers. "The rest of the fingers basically just bend and straighten. The only real [circular movement] we have is in the thumbs and wrists. When the thumb doesn't work, you can't pull up your pants, zip your pants, wash your hair... it's pretty devastating."

Thumb arthritis results from the erosion of ligaments that keep hand bones aligned. "In the ligaments that connect the thumb to the wrist, there is one main ligament that is thought to be responsible for this condition: the palmar oblique ligament, and that ligament will actually attenuate and stretch," Dr. Fulcher said.

Replacement of damaged ligaments has been attempted, but unsuccessfully, Dr. Wray said of the aligning material with a consistency similar to tire rubber that runs along the side of bones and has primary responsibility for bone alignment.

"The ligament undergoes a degenerative process so the joint now slips where it used to be lined up," Dr. Fulcher said. "Now, one edge of cartilage gets more pressure than another. This is what arthritis is, to an extent. It throws things off balance. The cartilage degenerates and you wind up with bone on bone, an inflamed joint...pain."

Before surgery, Mrs. Moores' condition was so severe that her thumb joint sometimes slipped out of place and she would painfully and temporarily put it back where it belonged.

By the time Drs. Fulcher and Wray see these patients, they are often in continual pain with associated swelling; to complicate matters, about 15 percent of them also have carpal tunnel syndrome. Surgery to replace or repair damaged joints is considered only after splinting, rest, anti-inflammatory agents and other non-surgical treatments such as cortisone injections fail.

Hand surgeons, like their knee and joint replacement colleagues, have a number of metal and plastic joint replacements to use for the hand and thumb. But for thumbs, Drs. Fulcher and Wray prefer a surgery in which they first remove the painful, inflamed joint, then take one of three nearby tendons in the wrists, detach one end, wad it up "like an anchovy" and fill the void. It's a quick procedure; patients go home that day and the tissue is autologous, so foreign material is not a concern, the surgeons said. Dr. Fulcher did this surgery on Mrs. Moores' right thumb nearly five years after an artificial joint was used on her left.

After surgery, patients are in a removable splint and exercising at four weeks; within three months, they are splint-free and back to nearly painless function.

"One of the hardest things is after they get better and get their strength back, sometimes they forget that their hands are not perfect again," said Ms. Priessman, who fits patients with their splints and directs their postoperative therapy. Mrs. Moores, her patient and her mother, falls into that category. "She will go out and dig in the garden for hours, then the next day say, 'My hands hurt.' But prior to surgery, she couldn't do it because her hands hurt so badly. In terms of function, it has made a tremendous difference in her life."

Her mother agrees. "As long as I don't have pain, I can do most things."

Growing Strong

Toni Baker

Heather Mangel wants to solve mysteries for a living.

The 19-year-old student at Shorter College in Rome, Ga., likes the idea of being a forensic pathologist "because it's cool. Me and my mom watch all those shows on the Discovery Channel and Court TV," she said.

Heather is a bit of a mystery herself. She has juvenile rheumatoid arthritis, one of several rheumatic diseases that impact children's musculoskeletal systems. If arthritis seems an odd diagnosis in a young person, consider that Heather was diagnosed by age 2; 7 to 10 children of every 100,000 have the disease.

"Her older sister got her walking when she was [about] 8 months old, because there is only one year between them," said her father, Robert F. Mangel IV of Lindell, Ga. "She was doing fine. Then she started getting around less, starting crying. She went from walking to where she couldn't crawl." Her father said the diagnosis was a setback, but concedes that at least they knew why she was no longer walking.

"We really don't know enough about all these diseases," said Dr. Rita S. Jerath, pediatric rheumatologist at the Medical College of Georgia. Like the adult form of rheumatoid arthritis, there seems to be a genetic factor for this inflammatory disease, possibly triggered by some viral or environmental agent.

"The joints are essentially caught in some sort of immunologic crossfire," becoming inflamed as the body reacts to an agent that finds entry into the body, said Dr. Walter J. Moore, chief of the Section of Rheumatology. "As a result, the cartilage and bone inside the joint become damaged. It's a combination of several things; probably the most devastating is that the cartilage is actually digested by the inflammatory action and the bone is eroded."

Prolonged inflammation of children's joints increases blood flow, making the bone grow faster but for a shorter period of time, Dr. Jerath said. The result? Potentially mismatched fingers, legs and arms. Heather's temporomandibular

Heather Maugel with
Dr. Bruce E. Goeckeritz

joints fell victim to the process; as she grew, her chin stopped growing with her. Her fingers, bent slightly sideways by the disease in her finger joints, also are somewhat short.

Heather was about 8 when Dr. Jerath became her physician. She'd already worn braces on her legs and lower arms to straighten them. Dr. S. Marcus Fulcher, MCG hand surgeon, fused some of the middle joints of Heather's hands to enhance function. "I can't type as fast because my fingers don't bend in the middle, but other than that, it doesn't bother me," Heather said. It was soon apparent she also has scoliosis and needed a two-step surgery to repair that unnatural curve of her back. Dr. Jack C. Yu, craniofacial surgeon and chief of the Section of Plastic and Reconstructive Surgery, used bone-stretching devices to rekindle the growth of her chin, which was so out of kilter that even intubating her with a breathing tube for surgery was a problem.

Meanwhile, Dr. Jerath put Heather on an aggressive regimen of physical therapy, immunosuppressive drugs and other treatments that have become today's standard for juvenile rheumatoid arthritis. "The idea is to control the inflammation so the growth problems can be controlled," Dr. Jerath said.

It's working for Heather, who today is on minimal medication and maximum fun. "When the weather changes or it rains, [my joints] might get stiff or swell," she said. "But they usually don't bother me. At Shorter, everything is up, either up hills or stairs, and [my arthritis] doesn't really slow me down."

In April, Heather made the transition from her longtime pediatric rheumatologist to Dr. Bruce E. Goeckeritz, an adult rheumatologist at MCG. Although it was a hard transition for doctor and patient, Dr. Jerath is sure Heather will do well in this and all things.

"Heather has not let her health problems put a cloud on life. She and her family (which just got bigger in April with the addition of a new baby brother) just keep going."

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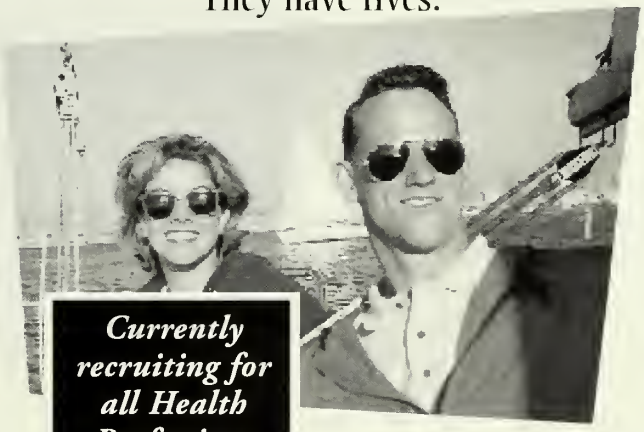

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Cyrus Giles, a man who can fix any small engine that travels on water or land, knew that something inside him was not working quite right.

He thought his teeth, which had often given him trouble, were the cause of the pain and unrelenting sores in his mouth. As is often the case, his dentist was the first to suspect much more.

A potentially deadly cancer the size of a golf ball had taken hold in the floor of Mr. Giles' mouth. "I didn't know what to say," said the 59-year-old Milledgeville, Ga., husband and grandfather.

This winter, Mr. Giles had exhaustive, complex surgery to first remove, then rebuild, the bottom half of the left side of his face, including three-fourths of his tongue. In April, he was taking his last targeted radiation treatment to burn away remaining cancer and still learning how to maximize the use of his newly constructed face with speech therapy.

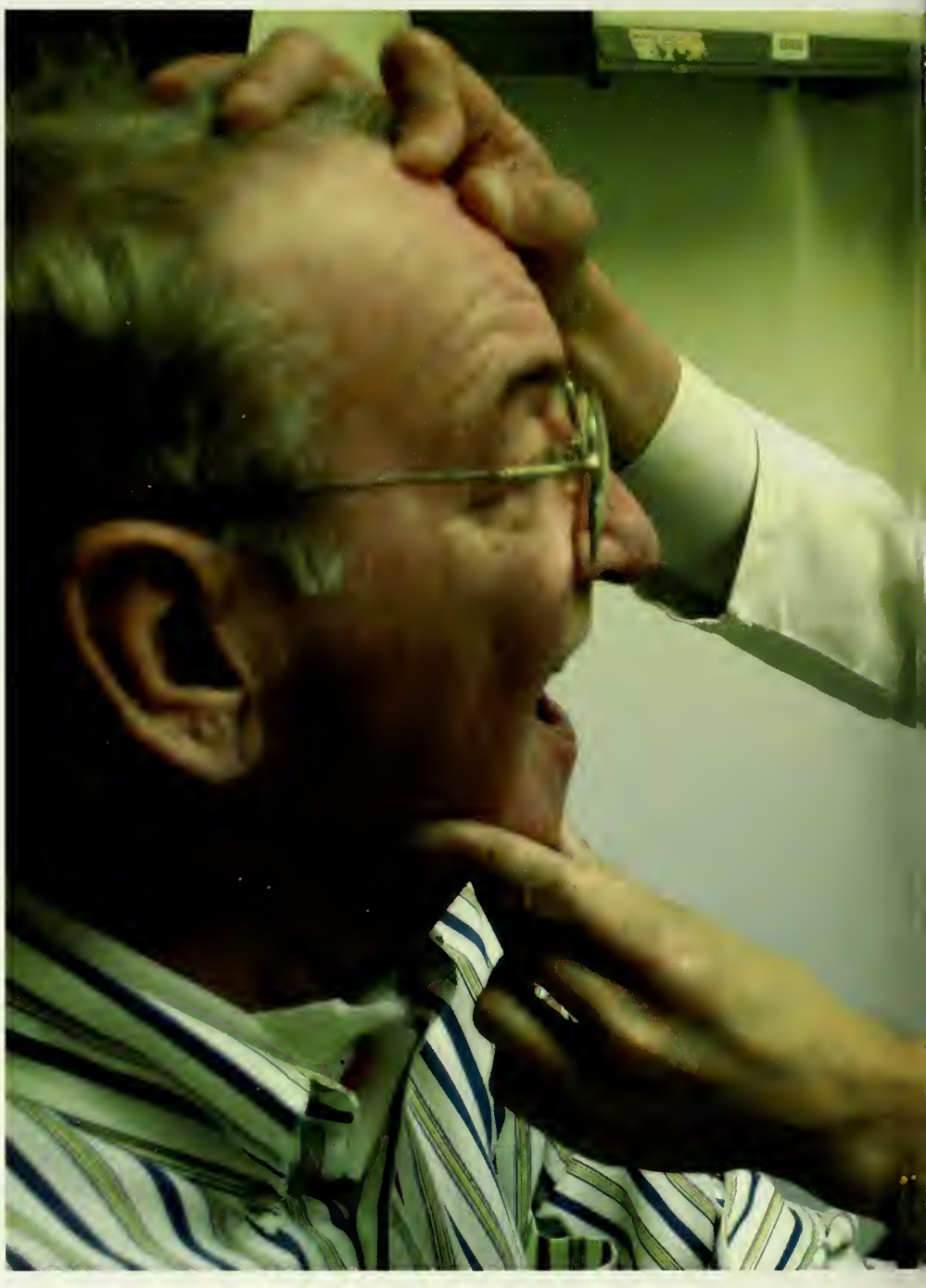
His incredible story is common in the brutal world of head and neck cancer.

"Head and neck cancers take away your dignity," said Dr. Christine G. Gourin, head and neck surgeon at the Medical College of Georgia. "It distorts your physical appearance; it impairs your ability to function in ways we take for granted, such as breathing and swallowing. It's just a really cruel disease," said the surgeon who is passionate about her patients and about the fearless MCG team that wages this highly specialized war.

The cancers of the head and neck have familiar names: basal cell and squamous cell carcinoma, the two most common skin cancers, both largely treatable and directly related to sun exposure.

Inside the mouth, squamous cell cancer is the most common tumor, but here, risk factors are tobacco and alcohol use, combined with a little-understood genetic predisposition; also inside the mouth, this cancer takes on a more aggressive and deadly life.

The American Academy of Otolaryngology–Head and Neck Surgery likes to drive home the point that there is no safe tobacco with the story of the 18-year-old athlete who chewed tobacco



Face

To

Cyrus Giles with Dr. Jack C. Yu

Value

r

so as not to impair his lung function, then developed squamous cell carcinoma of his mouth and died before age 20.

In fact, alcohol and tobacco—whether smoked or chewed—tend to have a sinister, synergistic effect.

These cancers can make a sneaky entrance, showing up first as a bloody nose, pain or difficulty swallowing. They may begin as a small lump on the neck. "It's a very common story that people attribute these symptoms to problems with their teeth," Dr. Gourin said. Mouth ulcers that don't heal are another classic symptom. "A tumor doesn't start off big, it starts out small," Dr. Gourin said. "As the cells multiply and divide, the tumor grows and, at some point, there are not enough nutrients to feed all of the cells in the middle of the tumor. The cells in the center start to die; the result sometimes looks like an ulcer or sore, as the dead cells form a crater in the center of the tumor."

Everyone gets mouth sores occasionally, from biting the inside of the cheek or even from stress. But sores that don't heal could be a cancer, one that can take over the oral cavity, even invade the bone, then travel down the throat to the swallowing tube and send tiny cancer cells throughout the body.

Certain sites are worse than others; the back of the tongue is particularly bad, costing the patient not only the ability to swallow, but potentially spreading to the lymph nodes on either side of the neck. Mr. Giles lost the front three-quarters of his tongue, but he can still swallow and talk. Eventually, he hopes to again eat the foods he loves. "It's the back of the tongue that is so important for propelling boluses of food backward and for making speech understandable," Dr. Gourin said.

Bone invasion is another bad-case scenario. "It's obviously aggressive in that it invaded the bone, because bone is fairly resistant," she said. "It is also fairly resistant to treatment with radiation therapy. A tumor that has invaded the bone needs to be treated very aggressively. Once in the bone, cancer

can invade the marrow space and within the marrow space of the bone there are nerves that track up into the base of the skull. Cancer can spread along these nerves. We have to remove all the bone to try to prevent that."

The MCG team offers people such as Mr. Giles their best hope for not only survival, but quality survival. There's Dr. Jack C. Yu, craniofacial surgeon and chief of the MCG Section of Plastic and Reconstructive Surgery, who rebuilds what Dr. Gourin must remove. Dr. Robert G. Martindale, gastrointestinal surgeon and nutritionist, helps Dr. Yu handle complex free-flap procedures such as replacing a cancer-ridden esophagus with a piece of the small intestines. Drs. W. Chris Sheils and John T. Barrett Jr. are the radiation oncologists who manage the critical, daily, targeted radiation therapy. In fact, a combination of radiation therapy and chemotherapy is offering new hope to patients whose deep neck muscles have been invaded by cancer—another bad-case situation—and for whom surgery is prohibitive. Speech therapists such as Andrea Glover and Garlan Adams help patients re-learn fundamental functions of life. The team broadens with the patient's needs, often also encompassing interventional and neuroradiology, oncology, neurosurgery and ophthalmology.

Dr. Yu describes as "seamless" the collaboration that enables these cancers to be removed, letting patients get on with their lives.

For Mr. Giles, Dr. Gourin first removed the squamous cell-ridden portion of his tongue, the bottom of his mouth and his left jaw from the temporomandibular joint down to just over the chin line. Dr. Yu joined her in the operating room to see what had been removed and to measure what must be replaced. Before he began that work, he waited to ensure that Dr. Gourin had established a cancer-free margin in which he could work.

"The radius can give you about 4 inches of bone in length," he said of the thumb-side bone on the forearm. He takes the top half of the bone, careful to take enough to ensure sufficient bone for a new jaw without permanently hurting the integrity of the forearm. "The arm's strength will be initially weakened by about 75 percent but, over time, just like every other bone, you gradually reach a stable condition," said the physician who also studies how bone forms. He shapes the bone with a titanium plate and, to ensure bone growth and survival, re-establishes blood supply. What once was forearm skin becomes the new lining of the mouth.

Fortunately, Mr. Giles' esophagus and larynx were healthy, so Dr. Martindale placed a feeding tube to ensure that this man who loves to eat—and cook—could get adequate nutrition while he healed from surgery. "We do a lot of feeding-tube placements in these patients," he said. Many of the patients come to surgery malnourished because their cancer has long interfered with the ability to chew and swallow. As the feeding tube is passed through the mouth and to the stomach, it can pick up cancer cells and transfer them to the walls of the stomach, a deadly resting space. Dr. Martindale has collected one of the largest patient databases on a newer approach in which the tube is inserted instead through a small hole directly into the stomach so the tumor bed can be avoided.

"Treatment of the cancer patient involves more than treating the tumor. You want to restore that patient's quality of life or maximize it," Dr. Gourin said. Team members are constantly searching for better ways to do that, including the use of investigational drugs to prevent radiation therapy from also destroying salivary glands.

Dr. Gourin, who joined the faculty about a year ago, also wants to look at better ways to identify the distant spread of insidious, microscopic cancer cells. "We have some crude ways to look for cancer spread, such as a CT scan, but the tumor has to be a minimal size before we can see it," she said of the cancer which often spreads to the lymph nodes and lungs. They also are increasingly exploring the use of combined chemotherapy and radiation therapy, not only when surgery is not an option, but because of mounting evidence that in certain cases, the therapy can be as effective as surgery.

She is discouraged that despite advances in treatment, cure rates have not improved much over the last 20 years, but begins her conversations about survival with the candid observation that no one knows the future. Still, the present is good reason for research into the disease's genetic component. "If we could block cancer gene transcription or use some kind of cancer-fighting agent that will target genes that control cancer-cell growth, that would be much more effective than any of these modalities we use locally to remove the disease, because it's a systemic problem, a systemic disease."

But Cyrus Giles, a man who thought that his teeth were giving him trouble, seems pretty happy with his new face, and his new chance at life. "Look how good it looks...that's amazing, isn't it," he said, gently stroking his new jaw.

He admits that he smoked and drank too much, but this man whose family members typically live long lives was never sick before this cancer. "I was convinced it wasn't doing that much damage," he said of the habits he enjoyed and stopped the day of the diagnosis. To the people who continue, he simply would say, "Stop," and he doesn't seem to begrudge his new role as a poster child for quitting. His sister-in-law pulls out a picture of him in the intensive care unit whenever anyone pulls out a cigarette.

He opts to focus on his children and grandchildren. "It's brought us closer together, this ordeal, as much as I hate to say it," said his youngest daughter, Lori, who is at his side this day, as she was the day he was diagnosed.

He also looks forward to once again sharing with family their award-winning barbecue and his own personal masterpiece, Brunswick stew.

"I just hope it don't come back; that's my big deal," he said, although he adds that he expects it might. "You just have to live day by day." In fact, he thought he'd never even make it through the surgery.

But does he regret for a moment that he did?

"No way," he said with a smile.

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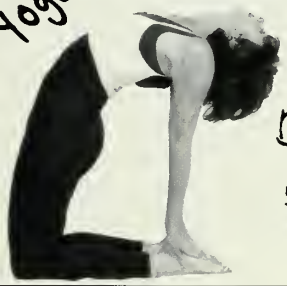

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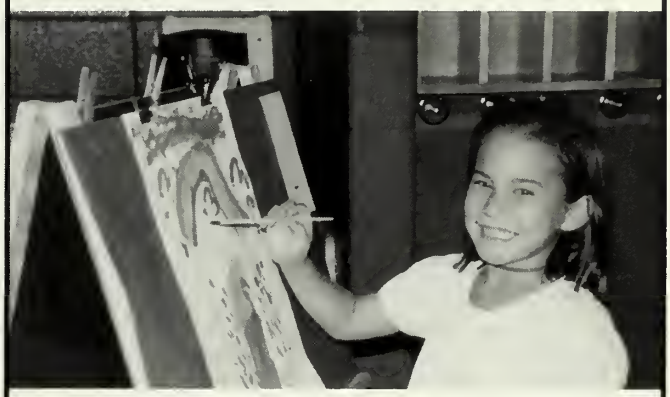

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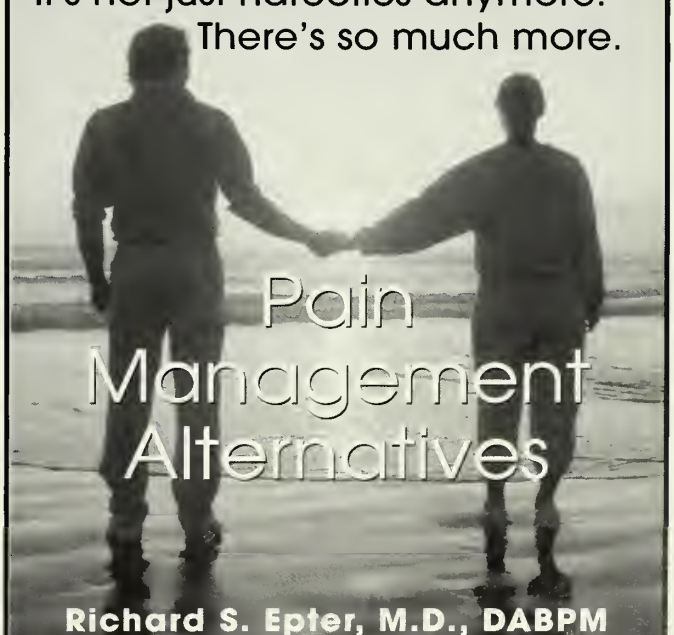

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Lasting Bonds

Christine Hurley Deriso

They bonded over bubble-blowing contests.

One of Jonell Poe's most memorable patients was a dying woman who needed a friend as much as a healer. Jonell (Jo to her friends) wanted to be both.

Jo, a 1998 graduate of the Medical College of Georgia Department of Physician Assistant, recalls the patient as "a robust woman with a vibrant spirit and a little touch of mischief."

As a physician assistant in the MCG Section of Plastic and Reconstructive Surgery, Jo performed the patient's pre-operative evaluation for surgery to reconstruct a breast lost to cancer. The surgery went well, but the cancer soon returned. It was Jo the patient turned to for solace.

"She said that of all the people she knew, including her sisters to whom she was very close, I was the one she was most comfortable asking one particular question: 'Is it OK to be afraid to die?'"

Jo, whose husband and two children cheered her on six years ago when she opted to trade her radiologic technology career for one that would ensure ongoing relationships with patients, opened her heart to the dying patient. Jo visited her often at the hospital and in her home, alternating weighty conversations about life and death with laughter-filled bubble-blowing contests, using the bubble gum Jo always had on hand.

The patient shared her deepest fears; she hadn't always made the best choices

during her 64 years, and she had sorely neglected her spiritual life. Jo didn't have all the answers, but she shared her belief that redemption is always within reach. "We talked about salvation," Jo said. "I told her there was time." With every visit, the patient seemed more and more content, making peace with both her past and her future.

Shortly before her death, Jo said, "I held her hand and spoke to her, although I wasn't certain she could hear me. Although she did not speak, she gave me a brief squeeze of my hand to indicate she knew I was still there for her. I'll never know what she saw in me that comforted her so much, but I do know I will never again view a preoperative visit the same; the encounter may be brief but its impact significant."

Those who know Jo fully understand why the patient was drawn to her. Her warmth and empathy make her a natural for the profession she worked so hard to undertake. "PA school was the toughest thing I've ever done," Jo said. "But I knew if I started it, I would finish it."

After earning her degree, she accepted a position as a physician assistant for MCG plastic surgeon Gloria Gamboa-Gonzalez. The work provides a wide range of responsibilities. Some patients need treatment to correct defects caused by injury, illness or heredity. Others come seeking the aesthetic and psychological boost of cosmetic procedures, including face lifts, liposuction and outpatient procedures such as facial peels. "It's nice to see people go from undesirable skin tone or acne blemishes to smooth, youthful skin," Jo said of the relatively simple and inexpensive peeling procedure.

She is largely autonomous when handling outpatient procedures, examinations and evaluations. "The goal is to free the physician up to take care of the more crucial things," Jo said.

She also assists Dr. Gamboa-Gonzalez in surgery, research and other areas as needed. Currently, she is helping Dr. Gamboa-Gonzalez research a technique using abdominal muscles to cover defects. She also will publish a paper soon about keloids, abnormal scar tissue that affects about 18 percent of African Americans.

Jo enjoys all aspects of the work, but her favorite is the enduring relationships she forms with patients. "It's difficult seeing people going through a very hard time, but what it does is motivate me," she said. "You become very, very protective of your patients."

And although she's very busy, Jo likes having a more manageable workload than she would if she had opted for a medical degree. "Family life is really important to me," she said. Her teenage daughter seems to have inherited Jo's scientific bent: she wants to be a forensic scientist. Jo laughs that her 10-year-old son "wants to be a race-car driver." Jo just hopes they eventually find as much satisfaction in their work as she does.

"I love my job," she said. "I can't imagine doing anything else."

COPING WITH KELOIDS

As body piercings become increasingly pervasive in society, so does a particularly insidious medical condition called a keloid.

Keloids are abnormal proliferations of scar tissue that affect about 18 percent of the African American population, according to Jonell Poe, a physician assistant in the Medical College of Georgia Section of Plastic and Reconstructive Surgery. "People who have keloids have no 'stop' signal for scarring," said Ms. Poe. The cause is unknown and the medical community cannot predict who is at risk. Any skin-tearing injury can result in a keloid at any point in the lives of those affected; piercing sites such as earlobes are often prime targets.

Keloids, first documented in 1806, are harmless but painful and unsightly;

the scar tissue is thick, hard and raised, Ms. Poe said. Treatment consists of regular injections of steroids directly into the keloid, a brief outpatient procedure. If the treatment successfully shrinks and softens the tissue, the patient is a candidate to have the keloid surgically removed.

But many patients are ineligible for surgery because of the scar tissue's stubborn resistance to steroid treatment, Ms. Poe said. And even surgery candidates are often disappointed; over 50 percent of surgically removed keloids grow back, often larger than their original size, Ms. Poe said. Surgery creates its own scar, which can exacerbate the problem.

"Because the chance of recurrence is so high, patients have to undergo extensive counseling and understand the risks before having the surgery," she said. "A lot of people are willing to take the risk for aesthetic reasons, but they have to understand there are no guarantees."

African Americans opting for body-piercing should understand their almost one-in-five risk of a resulting keloid, Ms. Poe said. Those already affected should consult their physician about referral to a plastic surgeon for treatment.

AlumNews

Graduates Urged to be Discriminating Jugglers

Christine Hurley Deriso

Each member of the Medical College of Georgia class of 2002 will forge a different career path, but all will share the role of juggler, according to the guest speaker at commencement.

"Imagine, for a moment, that you have been given five balls to juggle," said Dr. Jane E. Henney, senior scholar in residence at the Association of Academic Health Centers and former commissioner of the U.S. Food and Drug Administration. "Four are made of the most precious crystal, and one is made of rubber. If you drop one of the crystal balls, it will shatter. But if you drop the rubber one, it not only will be unhurt but may bounce higher than you ever imagined."

Medical student Susan White Chastain

The crystal balls, she said, represent family, friends, health and integrity. The rubber ball represents one's career. She encouraged the graduates to focus their energies on the crystal balls, "knowing that your career can tolerate many degrees of varying acceleration." True success, she said, lies in strong relationships and uncompromised values.

She applauded the skills that MCG graduates have cultivated, but she cautioned that their educations have only just begun. "Be humble enough to know that you don't know everything," she said. "Every bit of skill and ability to constantly learn will be needed in the years ahead. Much of what we learn today will be rapidly replaced with new knowledge and new choices."

Dr. Henney also reminded them that whether they work in a hospital, laboratory, university, clinic or other setting, they won't work in isolation. "Ours are professions where teamwork is of paramount importance to successful out-

comes," she said. "Your peak performance will depend on your ability to function in a team setting. The additive strength that diversity brings to work is extraordinary. Learning, growth and progress rarely come when all participants share the same opinions and the same background."

Medical Student Receives Beard Award

Christine Hurley Deriso

Dr. Kelly Elizabeth M. Knowles, a 2002 graduate of the Medical College of Georgia School of Medicine, has received the 2002 John F. Beard Award.

The $25,000 award is presented annually by William Porter "Billy" Payne and his wife, Martha, to a graduating MCG student who exemplifies caring and compassion in health care.

Mr. Payne, vice chairman of Atlanta-based Premiere Technologies, Inc., and former chairman of the Atlanta Olympic Organizing Committee, established the award in 1998 to memorialize his father-in-law, who died in 1997.

The award honors former MCG President Francis J. Tedesco and Mr. Beard's physician, Dr. Mark F. Williams, a 1988 graduate of the MCG School of Medicine. Dr. Williams treated Mr. Beard, who had a malignant tumor, while on the faculty at MCG. Dr. Tedesco visited Mr. Beard twice daily during his lengthy stay at MCG Hospital.

Dr. Knowles graduated from Manchester High School in Manchester, Ga., and earned a bachelor's degree in English from Judson College in Marlon, Ala. She received Judson's 1995 J.C. Faulkner Award for academic excellence.

Dr. Knowles has volunteered extensively throughout her education, including serving as a counselor at a camp for brain-injured children, participating in medical mission trips in Venezuela, serving as an educational consultant in Ukraine, participating in the Georgia Baptist Partnership and serving as preschool director at a camp in Argentina for children of U.S. missionaries. She has sung in the choir and assisted the preschool choir of Augusta's Warren Baptist Church. Dr. Knowles "lives her life to serve humankind," wrote Ruth-Marie E. Fincher, School of Medicine vice dean for academic affairs, in her nomination letter. "This humble, self-effacing woman simply exudes compassion as part of her being. She remains steadfast in her knowledge that caring is her reason for being."

"Kelly doesn't treat patients, she treats friends," wrote a classmate, Dr. Tim McIlrath, in his nomination letter. "Every time I turn around, Kelly is taking time out of her day to make a difference in the lives of her patients: a phone call, a homemade card, a surprise visit, an encouraging word, an inspiring quote or passage, a smile. She genuinely loves people and [is] a friend, advocate, role model and healer to those she sees and treats."

MCG President Daniel W. Rahn presents 2002 John F. Beard Award to Kelley Elizabeth M. Knowles

New Alma Mater Captures MCG Spirit

Christine Hurley Deriso

The irony wasn't lost on Daniel Claassen.

When he began medical school at the Medical College of Georgia last fall, he anticipated a whole new life. For years, his heart had been set on a music career; as a music major at the University of Georgia, he studied, composed, arranged and performed music night and day.

But as much as he loved music, he gradually realized that the lifestyle of a professional musician isn't for him. He stayed on at UGA to earn a master's degree in nutrition, then began medical school. So imagine his surprise when one of his first assignments at MCG was to write a song.

Not just any song. Dan was one of four medical students who wrote words and music for MCG's first alma mater. The song debuted at President Daniel W. Rahn's inauguration April 26, then was performed at commencement.

"Sometimes I can't even believe we did it," Dan said. "It was really encouraging to know MCG would entrust me with a song that will, I hope, be around for a long time. It was a great experience."

Stephen Simko sings Alma Mater

MCG Medical Historian in Residence Lois T. Ellison assembled a committee to create the alma mater, a project she has envisioned for a long time. "I think every institution needs an alma mater that reminds students of its importance and what they owe that institution for their education," Dr. Ellison said. "An alma mater invokes a certain feeling, an appreciation for what your education has meant."

Her enthusiasm for the project was infectious. "I learned so much from this experience about loyalty to the school," said Dan. "Getting caught up in Dr. Ellison's spirit—the love she has for this school—really showed me what MCG is about."

As the committee was assembled, Dr. Ellison was astonished at the talent at hand. Student committee members, in addition to Dan, were Amy Whitmire, an accomplished pianist who earned a master's degree in music from UGA; Stephen Simko, president of the prestigious University of Georgia Glee Club his senior year of undergraduate school; and Amy Alvarez, a first-year medical student who writes poetry.

Dr. Ellison pointed out that the students also have particularly strong ties to MCG: Dan is the recipient of a School of Medicine Alumni Scholar Award and Amy Whitmire, whose father graduated from MCG, is the recipient of one of the alumni association's Descendant Scholarships.

Rounding out the committee were Deb Barshafsky, executive assistant to the president; Dr. Randy Butterbaugh, director of student affairs; and Drs. Talmadge A. Bowden Jr., John F. Fisher and Louie H. Griffin Jr., who served as faculty advisors and are musicians themselves.

"The faculty advisors were a tremendous addition to the committee with their musical experience and their commitment to MCG. They played a very important role," Dr. Ellison said. "For the faculty to take the time to work with these students was just terrific."

The students began the project by developing themes—MCG's history, its values and its future—to incorporate into each verse of the alma mater. "An alma mater should reflect the characteristics of the school," Dan said. Another priority was to ensure the lyrics represented the entire university. (Student representatives from all five schools were invited to sit on the committee, and the Student Government Association endorsed the alma mater upon completion.)

"We tried to make it applicable to the general theme of health care and wanted to evoke pride in MCG," Amy Alvarez said. "Hopefully, it will create unity through newfound school spirit. Writing in meter was something new for me, but it was so rewarding when we created something we are very proud of."

Once the lyrics were completed, Dan and Amy Whitmire wrote the music and sent it to Dr. Roger Vogel, a UGA professor of theory and composition. Dr. Vogel agreed to arrange the music in several different styles.

The UGA collaboration, Dr. Ellison noted, is particularly appropriate not only because of the students' ties to the university, but because MCG used UGA's alma mater when it served as UGA's medical college. Another coincidence: J.B. Wright Jr., who wrote the words for UGA's alma mater, was from Augusta; his father, brother and uncle were MCG alumni.

Dr. Ellison is thrilled with the way it turned out. "Our original plan was to introduce the alma mater at commencement, but when I heard Dr. Rahn's inauguration would be in April, I said, 'Why can't we introduce it then?' I think it was definitely a highlight."

Alma Mater

From thy humble times
of childhood
Stood your mission clear:
Changing faces, forms,
and features
Still your vision's here.

Refrain:
MCG, our Alma Mater,
We will honor thee.
Keep us mindful of
thy purpose
Bind our loyalty.

As we seek to heal
and comfort
Let us strive to know
How to master times of trial,
And compassion show.

Refrain

Now we go like those
before us
Joined in unity;
Though our paths and
journeys differ,
Bind us MCG.

Refrain

Editor's note: Formal approval of the Alma Mater is pending.

Alumni Honored During Homecoming

The Medical College of Georgia's five alumni associations presented awards during the university's 2002 homecoming celebration April 25-28.

Jessie O. Brown, who earned a bachelor's degree in dental hygiene from MCG and a master's degree in health education from MCG, received the School of Allied Health Sciences Distinguished Alumna Award. Ms. Brown, an associate professor in the MCG Department of Associated Dental Sciences,

joined the faculty in 1968 and is a member of the American Dental Hygienists' Association. She received a 1997 Procter and Gamble Company Excellence in Teaching Award, a 1997 MCG School of Allied Health Sciences Distinguished Service Award and a 1997 Outstanding Dental Hygienist of the Year Award from the CSRA Dental Hygienists' Society.

Dr. Michael T. Rainwater, who graduated from the MCG School of Dentistry in 1977, received the school's Distinguished Alumnus Award. Dr. Rainwater, a dentist in Riverdale, Ga., is an honorable fellow of the Georgia Dental Association and a fellow of the Academy of General Dentistry, the Pierre Fauchard Academy, the International College of Dentists and the American College of Dentists. He received the 1993 Northern District Dental Society Distinguished Service Award.

Dr. J. Charles Eldridge, who earned his Ph.D. in endocrinology from MCG in 1972, received the School of Graduate Studies Distinguished Alumnus Award. Dr. Eldridge, a professor of physiology and pharmacology at Wake Forest University School of Medicine, received the 1995 Research of the Year Award from the Novartis Crop Protection Corp. and the 2001 Outstanding Program Award from the Association of Teachers of Preventative Medicine. He is a member of the Endocrine Society, the Society for the Study of Reproduction and the Society for Neuroscience.

Dr. J. Thomas Bigger Jr., a 1960 graduate of the MCG School of Medicine, received the school's Distinguished Alumnus Award for Professional Achievement. Dr. Bigger is a professor of medicine and pharmacology at the Columbia University College of Physicians and Surgeons and director of The Arrhythmia Service at New York City's Presbyterian Hospital. He is a fellow of the American Association for the Advancement of Science, the American College of Physicians, the American College of Cardiology, the American Heart Association Council on Clinical Cardiology and the New York Academy of Sciences.

Dr. Robert A. Matthew, a 1949 graduate of the School of Medicine, received the school's Distinguished Alumnus Award for Loyalty. Dr. Matthew, a retired anesthesiologist from Albany, Ga., is a past president and lifetime member of the Alumni Association of the School of Medicine. He received a Bronze Star Medal for Meritorious Service for his work as an anesthesiologist at the 24th Station Hospital during the Korean War. He is a past board member of the MCG Foundation, Inc., and had a second occupation as a farmer during his medical career.

Dr. Martha S. Tingen, a 1983 magna cum laude graduate of MCG's master's program in adult nursing, received the School of Nursing Phoebe Kandel Rohrer Award. Dr. Tingen, an associate professor in the MCG School of Nursing, also completed an adult nurse practitioner postmaster's program and earned a Ph.D. in nursing science, both from the University of South Carolina. She joined the MCG faculty in 1991 and received the school's 1998 Outstanding Faculty of the Year Award. She is a member of national nursing honor society Sigma Theta Tau and the Georgia Department of Community Health Advisory Committee for the Georgia Cancer Coalition.

Dr. Patricia R. Cook, who earned bachelor's and master's degrees in nursing from MCG and a Ph.D. in higher education administration from

the University of South Carolina, received the School of Nursing E. Louise Grant Award. She is an associate professor and assistant head of the University of South Carolina at Aiken School of Nursing. Dr. Cook, a member of the American Nurses Association, has won numerous clinical and teaching awards and received a 2000 Scholarly Paper Award by the Beta Omicron Chapter of Sigma Theta Tau.

Dr. Brad Potter, interim dean of the School of Dentistry, presents Outstanding Faculty Award to Dr. Kevin B. Frazier

MCG Presents Outstanding Faculty Awards

The Medical College of Georgia presented 2002 Outstanding Faculty Awards during its spring Faculty Assembly April 18. Recipients are Mary C. Downey in the School of Allied Health Sciences, Dr. Kevin B. Frazier in the School of Dentistry, Dr. R. Clinton Webb in the School of Graduate Studies, Dr. Peggy J. Wagner in the Greenblatt Library, Dr. Betty B. Wray in the School of Medicine and David J. Anna in the School of Nursing.

Ms. Downey, assistant professor in the Department of Associated Dental Health Sciences, earned bachelor's and master's degrees in dental hygiene from MCG and the University of Michigan, respectively. She joined the MCG faculty in 1976 and served as interim chairwoman of the Department of Associated Dental Sciences in 2000. She is a member of the Georgia Dental Hygiene Educators' Association, the American Dental Hygienists' Association and the Georgia chapter of the American Association of Dental Research.

Dr. Frazier, associate professor in the Department of Oral Rehabilitation, earned a dental degree from the University of Florida and joined the MCG faculty in 1995. He is a fellow of the American College of Dentists and received the 2000 Professionalism Award from the Georgia chapter of the American College of Dentists. He is a member of the American Dental Association, the International/American Association of Dental Research and the American College of Dentists.

Dr. Webb, Robert B. Greenblatt Professor and chairman of the Department of Physiology and an adjunct member of the MCG Institute for Molecular Medicine and Genetics, earned a Ph.D. in anatomy from the University of Iowa. He joined the MCG faculty in 1999. Dr. Webb received the 1998 Distinguished Service Award from the American Heart Association of Michigan and is a past president of the Michigan Heart Association. He is a fellow of the American Heart Association's Council on Circulation.

Dr. Wagner, associate director of the School of Medicine Center for Educational Excellence and associate professor and director of research and faculty development in the Department of Family Medicine, earned a Ph.D. in social psychology from the University of Florida. She joined the MCG faculty in 1990 and is a member of the American Counseling Association, the American Medical Informatics Society and the American Psychological Association.

Dr. Wray, professor of pediatrics and medicine, interim senior vice president for clinical activities and interim dean of the School of Medicine until April, earned her medical degree from MCG and joined the faculty in 1968. She served as chief of the Section of Allergy-Immunology and director of MCG's allergy-immunology residency from 1979 to 2000. She was named interim dean in 2000. Dr. Wray received a 1990 Distinguished Fellow Award from the American College of Allergy and Immunology and is a fellow of the American Academy of Pediatrics.

Mr. Anna, assistant professor in the Department of Mental Health-Psychiatric Nursing, earned bachelor's and master's degrees in nursing and completed MCG's family nurse practitioner program. He joined the faculty in 1993. Mr. Anna was chief of Eisenhower Army Medical Center's psychiatric nursing section from 1984 to 1989. He was an alcohol and drug abuse nursing consultant to the Army Surgeon General from 1982 to 1984.

Wanted: Old Photos

Medical College of Georgia Historian Lois T. Ellison is soliciting old MCG-related photographs for possible inclusion in an upcoming pictorial publication. All photographs are welcome, including those depicting students, faculty, buildings, classrooms, laboratories, clinics, official functions, social events, etc. Photographs will be digitally scanned and promptly returned to the owner in the

condition in which they were submitted. Please mail your MCG photos to Dr. Ellison or contact her for more information at:

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Class Notes

School of Graduate Studies

Dr. Brooks A. Keel, who earned a Ph.D. in endocrinology in 1982, joined the faculty of Florida State University April 1 as associate vice president for research and professor of biomedical sciences. He will oversee research regulatory compliance matters for FSU's 17 colleges and schools. He also will coordinate and facilitate research in FSU's new College of Medicine. Before joining FSU, Dr. Keel was associate dean for research at the University of Kansas School of Medicine-Wichita, where he established the Women's Research Institute and the Reproductive Medicine Laboratories. In 1995, he was named the first recipient of the university's Daniel K. Roberts Distinguished Professorship, an endowed chair in obstetrics and gynecology.

Dr. James Bradley Summers, who earned a master's degree in pharmacology/toxicology in 1997, has completed his medical internship at the University of South Alabama Medical Center in Mobile and is beginning a residency program in diagnostic radiology at the same institution. He completed his graduate studies at MCG under the tutelage of Dr. Jerry Buccafusco.

School of Medicine

Dr. Irving Victor ('45) received the Jack A. Raines Humanitarian Award from the Medical Association of Georgia May 4 in Atlanta. A class note in the spring 2002 edition of *MCG Today* erroneously misrepresented Dr. Victor's current activities; he actually is vice president of medical affairs at St. Joseph's/Candler Health System in Savannah. *MCG Today* regrets the error.

Dr. William E. Silver ('63), who practices facial plastic surgery in Atlanta, has been named group vice president-elect for public and regulatory affairs of the American Academy of Facial Plastic and Reconstructive Surgery.

Dr. Arthur C. Fleischer ('77), a radiologist at Vanderbilt University Medical Center in Nashville, is the co-editor of the sixth edition of *Sonography in Obstetrics & Gynecology: Principles and Practice* (McGraw-Hill Professional Publishing, 2001). Dr. Fleischer's eldest son, Braden, graduated from Emory University in May with a bachelor's degree in computer science. His second son, Jared, will attend Indiana University this fall.

Obituaries

Dr. Jeri R. Carr ('84), Manassas, Va., died Dec. 15 at age 43. She began private practice in neurology in Woodbridge and Manassas, Va., in 1988. She was president of the Prince William County (Virginia) Medical Society in 1995. She was past chairwoman of the Department of Medicine at Potomac Hospital in Woodbridge and Prince William Hospital in Manassas. Dr. Carr was a member of the Medical Society of Virginia and head of its Women's Membership Section. Survivors include her husband, Dr. William M. Carr ('81), a sister, grandmother, uncle and nephew.

School of Nursing

Dr. David V. Glorius ('87) has been named medical director of the Florida State Fire College in Ocala, Fla. He also has been appointed medical director of the Florida 3 Disaster Medical Assistance Team for the National Disaster Medical System. In November 2001, he spent 12 days directing two first-aid stations with the night crew to treat the military, police, fire and construction personnel working at the site of the World Trade Center. He also spent 12 days at the Winter Olympics in Salt Lake City treating injured players, patrons and security personnel.

Jacqueline Elaine Davis ('94), Brentwood, Tenn., earned a master's degree with honors from the University of Tennessee Anesthesia Program in September 2000. She is employed by the Anesthesia Medical Group in Nashville. She married S. Cleve Pitts in October 1999. Their daughter, Savannah Bridget, was born March 13, 2002.

Alumni are invited to share professional or personal news in the Class Notes section of MCG Today *by submitting information, including degree and year of graduation, to:*

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CLASS REUNIONS

School of Medicine Class of 1947

School of Medicine Class of 1952

School of Medicine Class of 1957

School of Medicine Class of 1962

School of Medicine Class of 1967

School of Medicine Class of 1972

School of Medicine Class of 1977

School of Medicine Class of 1982

School of Medicine Class of 1987

School of Medicine Classes of 1992 and 1997

School of Dentistry Class of 1977

School of Dentistry Class of 1982

School of Dentistry Class of 1987

Pen Pals Provide Worldwide Perspective

Christine Hurley Deriso

When Teru Creel Kassner wanted her occupational therapy students to learn how their field is practiced in other countries, she sent them around the world...on the Internet.

Ms. Kassner, assistant professor and fieldwork coordinator in the Department of Occupational Therapy, instructed her students to track down an occupational therapy student from another country through the Internet and begin an e-mail correspondence.

"Computer competency is an occupational therapy program goal and this course is in the students' first semester on campus," Ms. Kassner said. She decided an international pen pal would be an ideal way to refine computer skills.

But even more importantly, "the course provided an international perspective while students learned about the foundational concepts of occupational therapy," she said. "I wanted the students to gain a broader view of the occupational therapy community."

One of the students in the class, Rhonda Dow, tracked down her pen pal through the American Occupational Therapy Association Web site. The site linked her to the occupational therapy program at the University of Sydney in Australia. She corresponded with a student in the program, Sarah Kazaglis, throughout the fall. "We started corresponding Sept. 14," Rhonda said. "I sort of broke the ice and we ended up discussing Sept. 11. She told me that the hopes and prayers of Australians were with us."

They exchanged notes on their occupational therapy educations, identifying similarities and differences. "We both use the same ideas, but their models of practice are a little more general than ours," Rhonda said. "I also learned how the Australian occupational therapy model is divided into body, mind and spirit. We talk in terms of balance in the United States."

Sarah just completed the third year of a four-year bachelor's program. When she graduates, Rhonda said, her employment settings will be very similar to those in the United States, including hospitals, community health centers, rehabilitation centers and schools.

"The students learned how similar occupational therapists are worldwide, and that U.S. practitioners aren't the only ones to develop new practice models or assessment tools," said Ms. Kassner. "While there are differences in how the educational programs are organized, the students learned how similar the learning experiences are across cultures."

Other countries represented in the pen pal project included Denmark, Brazil, Scotland, England, Canada, South Africa, India and New Zealand.

"I enjoyed the project," Rhonda said. "It's nice to broaden your horizons and realize the importance of occupational therapy throughout the world."

"Students reported that they wish to continue to communicate with their pen pals," Ms. Kassner said. "They got excited about new theories of practice being developed in other countries that might be appropriate to incorporate at home. And they learned that all occupational therapy students work very hard within their educational program. Maybe one day they'll travel abroad to meet them and see occupational therapy practiced in that country."

Teru Creel Kassner (from left) reviews e-mail correspondence with students Richard Glover and Vanessa Wilson

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Ms. Kassner Receives Service Award

The Medical College of Georgia School of Allied Health Sciences has presented its 2002 Distinguished Service Award to Teru Creel Kassner, assistant professor and fieldwork coordinator in the Department of Occupational Therapy.

Ms. Kassner earned a bachelor's degree with honors in occupational therapy from MCG and a master's degree in health care policy and administration from Mercer University in Atlanta. She joined the MCG faculty in 1993 and oversees grant-funded projects that target meeting the health care needs of rural Georgians.

Ms. Kassner has received several American Occupational Therapy Association service awards and received the MCG Academic Council Chair's Distinguished Service Award in 2001. She is a member of the Georgia Society of Allied Health Professionals.

Dr. Campbell Named Associate Dean

Christine Hurley Deriso

Dr. Carol Campbell, chairman of the Medical College of Georgia Department of Health Information Management, has been named associate dean for business operations in the School of Allied Health Sciences. She will continue to the chair the department in addition to her new duties.

"Dr. Campbell is an excellent administrator and academician, serving the school well this past year as the interim associate dean for academic affairs," said Dr. Shelley Mishoe, dean of the School of Allied Health Sciences.

Dr. Campbell earned a bachelor's degree in medical record administration from Loma Linda University, a master's degree in management from the University of Redlands and a doctorate of business administration from Nova Southeastern University. She joined the MCG faculty in 1984 and was named chairman of the Department of Health Information Management in 1999.

She has served as chairman of the Georgia Health Information Education Committee and president of the Greater Augusta Area Medical Record Association. Dr. Campbell received the 1998 School of Allied Health Sciences Distinguished Service Award and the 1998 Georgia Health Information Management Association Professional Achievement Award.

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Dr. Baker Named Chairman

Christine Hurley Deriso

Dr. R. Randall Baker, associate professor and interim chairman of the Medical College of Georgia Department of Respiratory Therapy, has been named chairman of the department.

"Dr. Baker is a well-qualified and highly respected faculty member," said Dr. Shelley Mishoe, dean of the School of Allied Health Sciences. "[He] is an excellent academician with teaching and clinical skills that are highly regarded by students and colleagues. In addition, he has a record of scholarly achievements including grant-funding and original studies published in peer-reviewed professional journals."

Dr. Baker earned a bachelor's degree in biology from John Carroll University in University Heights, Ohio; an advanced degree certificate in respiratory therapy from the University of Chicago Hospitals and Clinics; and a Ph.D. in physiology from the State University of New York at Buffalo.

He joined the MCG faculty in 1993 and served as the Department of Respiratory Therapy director of admissions from 1996 to 2001. Dr. Baker received the 2000 School of Allied Health Sciences Faculty Research Award, the 2000 American Lung Association Volunteer Excellence Award for Innovative Team Project and the 1998 School of Allied Health Sciences Distinguished Service Award. He is a member of the American Lung Association of Georgia, the Georgia Society for Respiratory Care and the American Thoracic Society.

PA Student Named to Board

Christine Hurley Deriso

Laura Burney, a physician assistant student at the Medical College of Georgia, has been appointed to the board of directors of a national skin cancer prevention organization called *Catch Cancer...Before It's Too Late.*

The program, endorsed by the American Academy of Dermatology and the American Cancer Society, targets fishermen, whose excessive sun exposure raises their risk of skin cancer. The founder —Dr. Jose Acostamadiedo, an oncologist at Baptist Medical Center of Wake Forest University—is an avid fisherman whose close proximity to the North Carolina Outer Banks heightened his concern about the skin cancer risk of those who spend vast amounts of time at sea.

Mrs. Burney, who earned a bachelor's degree in medical technology and a master's degree in health education from MCG before pursuing her physician assistant degree, will write grants and solicit corporate sponsorships to raise funds for the organization.

She has participated in many cancer fund-raisers, including the American Cancer Society Relay for Life. Her commitment took on an extra dimension when her husband, Mark, was diagnosed two years ago with melanoma, the most serious form of skin cancer and a killer of about 7,000 Americans a year.

The American Melanoma Foundation estimates that 51,400 new cases of melanoma will be diagnosed this year—9 percent more than last year.

Skin cancer is the most common form of cancer in the United States, with about a million new cases diagnosed annually, according to the American Cancer Society. In addition to excessive sun exposure, skin cancer risk factors include fair skin, a history of childhood sunburns, a family history of skin cancer, an unusually large number of moles and unusually shaped or colored moles or skin growths.

For more information about skin cancer or the Catch Cancer organization, visit the organization's Web site at www.catchcancer.org.

OT Student Named to National Committee

Richard Glover, a junior in the Medical College of Georgia Department of Occupational Therapy, has been elected by occupational therapy students nationwide to the Steering Committee of the American Occupational Therapy Association Assembly of Student Delegates. He will serve on the committee through 2004, representing the association's Commission on Education.

"This achievement is a testament to his commitment and leadership," said Dr. Kathy P. Bradley, chairwoman of the MCG Department of Occupational Therapy.

Occupational therapy is a health and rehabilitation profession that helps people regain, develop and build skills important for independence, health and quality of life. The American Occupational Therapy Association, with over 50,000 members nationwide, supports research, educational and legislative initiatives on behalf of the field.

Student Combines Dentistry, Public Service

Christine Hurley Deriso

Theron Jones has never considered public service a vocation. In his estimation, it is simply an essential component of good citizenship, to be woven seamlessly into life's other responsibilities.

This being the case, it never occurred to him to put public service on hold just because of the rigorous demands of dental school. Mr. Jones, a third-year dental student at the Medical College of Georgia who earned a bachelor's degree in chemistry from Emory University and a master's degree in public policy from the University of California, Los Angeles, reorganized the Young Democrats of Richmond County shortly after starting dental school. He serves as president of the group, cultivating relationships with legislators and championing causes he believes in.

He is admittedly more liberal than the average Augustan, but he welcomes spirited debates. He is happy to engage in any well-meaning and well-informed dialogue; he can countenance just about any attitudes other than hatred or apathy. "There are a lot of very open-minded people in the city who are trying to bring all the factions together," said Mr. Jones.

Still, he bemoans racial divisiveness and thinks the community could achieve larger goals with a broader sense of the collective good. "We're fighting over flags," he said. "Lines tend to be very heavily drawn in South."

Mr. Jones, an African American, thinks citizens must understand their history, even the painful aspects of it, to forge a better future. "People trying to move on choose to leave [painful aspects of history] in the past, but you have to remember the past to avoid making the same mistakes," he said. "It goes against the very democracy that Americans promote when we acknowledge the poor treatment of our own citizens. But we can't correct wrongs that we don't admit to."

His acute sense of justice is partially vicarious; he feels compelled to redress injustices and indignities that older generations, including his parents' generation, endured. "My parents grew up in rural Georgia in the 1940s and '50s," he said. "Their perspective is completely different than mine."

For instance, his parents tend to distrust the very system that their son chooses to work within to effect change. "Their thinking is, 'How can you go to a justice system that is part of the problem?'" Mr. Jones said.

But he is optimistic that he can make a difference, and he is determined to give it his best try. He hopes to combine his dental career with a political career. "I like science and health care, and I want

Theron Jones

the autonomy to practice and also to pursue other things like politics," he said. "The social fabric is shaped a great deal by the interaction of government with its people."

In the meantime, he is doing everything he can from his present vantage point to make a difference in society. In addition to his work with the Young Democrats of Richmond County, he looks for opportunities to make his mark. For instance, he recently helped arrange a campus film series, open to the public, to commemorate Black History Month in February.

"Black history is often not given the attention it deserves," he said. "Many people have never heard of James Baldwin or Richard Wright."

His top priority, of course, is his dental education. "Dental school is very challenging, but you can see light at the end of the tunnel," Mr. Jones said. "The clinical training bears out in our board scores. I think I'm getting a great education."

Oral Rehabilitation Wins Teaching Award

Christine Hurley Deriso

The Department of Oral Rehabilitation in the Medical College of Georgia School of Dentistry has been awarded a 2002 Regents' Teaching Excellence Award.

Teaching Excellence Awards, given annually by the University System of Georgia Board of Regents, honor member institutions' employees and departments/programs that promote teaching excellence. MCG's award represents the department/program category among the University System of Georgia's research institutions.

Dr. W. Frank Caughman

The Department of Oral Rehabilitation's 28 faculty members teach courses on dental materials, occlusion, operative dentistry, practice management and prosthodontics. Those courses, all with extensive classroom instruction and clinical training, comprise about 40 percent of MCG's dental curriculum.

"The department's exemplary teaching program deserves recognition as an outstanding and innovative educational program of the University System," wrote Dr. Barry D. Goldstein, MCG senior vice president for academic affairs, in a letter to the regents nominating the department for the award.

He cited factors such as the faculty's high level of student involvement, the department's commitment to technological innovations in education and students' consistently high rankings on licensure examinations.

The department has a long history of rising to challenges, said Chairman W. Frank Caughman, including the recent loss of a third of its faculty when MCG offered an early-retirement incentive to employees two years ago. "We were able to recruit new faculty and continue instruction without missing a beat," Dr. Caughman said. "It was very difficult, but with a commitment from the entire department, we did it."

In the past 10 years, four faculty in the department have been selected by the schoolwide faculty to receive the School of Dentistry's Teaching Excellence Award and four have been awarded by the Judson C. Hickey Teaching Excellence Award by the graduating senior class, Dr. Caughman said.

The strength of the faculty, he noted, is reflected in student performance. For instance, in past nine years, the students have ranked from first to 12th place nationwide in their performance on the operative dentistry and prosthodontics sections of the National Dental Board Examination, disciplines taught solely by oral rehabilitation faculty.

"Success by students in the oral rehabilitation curriculum," Dr. Goldstein wrote in his nomination letter, "is the direct result of focused efforts by the faculty to improve teaching."

Dr. Caughman noted that the department also excels in research. "Teaching is our primary focus, but we keep a balanced program," he said, citing about 200 publications of clinical techniques and research results and over 200 faculty presentations to dental groups within the past two years.

"I'm very pleased for the people who work so hard in this department and deserve the recognition," Dr. Caughman said. "I'm familiar with similar programs around the country, and I wouldn't trade this faculty for any other."

5 Students Receive Hinman Scholarships

Five Medical College of Georgia students received Thomas P. Hinman Dental Society scholarships at the 90th Hinman Dental Meeting in Atlanta recently.

The society, formed in 1912 to promote continuing education in dentistry, began granting scholarships to dental students in 1986 and added dental hygiene students to the program in 1989. Recipients are selected based on academic performance and need. This year, the society awarded $190,000 in scholarships to dental and dental hygiene students at 37 colleges and universities nationwide.

The MCG recipients are Demetress Davis, Michelle Farmer and Jennifer Warren in the Department of Associated Dental Sciences and Cang Huynh and Adam White in the School of Dentistry.

Photography Reflects Eye for Detail

Ellen Gladden

Dr. Michael Gabridge speaks with patrons during his first local art exhibit, May 3 at A Silver Lining Gallery on Broad Street. (Ellen Gladden photo)

It's the little things that matter to Dr. Michael Gabridge.

From the tiny gills of a mushroom to the unique composition of frost crystals, the elemental side of life comes into perspective through the Medical College of Georgia scientist's 35-millimeter camera lens. No real surprise that MCG's director of biomedical technology transfer would have an affinity toward the basics of science. However, as Dr. Gabridge explains, photography is more than just a hobby.

"At this point, it's on the verge of either an addiction or a compulsion. If it was just a hobby I could stop at any time, but I can't stop taking photographs," he said with a smile during his first local exhibit May 3.

He says the infatuation with capturing glimpses of life on film began nearly 30 years ago at a cousin's wedding. He was a teen-ager who fell in love with the camera, he recalls. But the camera wouldn't make him stray from his deeper love, science.

"I was a typical geek. I knew at age 10 I would be a microbiologist, and [photography] fell on the heels of that. It's a nice change of pace from work," said Dr. Gabridge, who has been a microbiology professor for more than a decade.

His self-described "unique blend of scientific detail and artistic interpretation" yields compositions with the rudiments of nature writ large. By enlarging a leaf segment tenfold or magnifying of a single dogwood flower, Dr. Gabridge takes the viewer closer to the elements that comprise scenic landscapes. To preserve the details of his often-microscopic subject matter, he photographs on negative transparencies and then digitizes the images.

"The 35-millimeter slide has better clarity and resolution," he explained. "Then when you digitize [the image], there is no limit to the size you can get and still retain the quality."

Meanwhile, the passion has proved to be profitable. His photos have helped teach science concepts in textbooks from grade school to college. His work has been featured in Laboratory Medicine, Adirondack Life and the Boston Science Museum. Art centers and galleries from Soho, N.Y., to Denver have represented his work. In 1999, Dr. Gabridge's photos were featured in *Photographer's Forum* magazine's annual Best of Photography issue.

"I'm not really a people person," he said, noting the scientist in him would rather work with things than people. So, aside from "extensive photo albums" capturing the growth of his four children, there are no personality portraits in the scientist's portfolio.

New to Augusta and MCG within the last year, Dr. Gabridge says the Savannah River has provided a great centerpiece for his photographs. "I live downtown, so I often shoot on the Riverwalk. It's one of the prettiest spots in Augusta to photograph," he said.

So what advice would the artist give someone just beginning his hobby?

"Educate yourself by either taking a course in photography or reading all you can about photography. Like Ansel Adams says, 'Be prepared to shoot lots, and lots, and lots of film, because you learn from your mistakes,'" he said. "Be ruthless in the critiquing of your own work. Throw away anything that is not perfect."

Pay attention to when you shoot as well as what, says Dr. Gabridge. "Photography is all about light. Some professionals will say anything taken between 11 a.m. and 4 p.m. is not worth the film you shot it on, because there is too much light."

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Dr. She Named Director

Toni Baker

Dr. Jin-Xiong She, director of research for the University of Florida Diabetes Center and director of the university's National Institute of Diabetes & Digestive & Kidney Diseases Biotechnology Center, has been named director of the Medical College of Georgia's new Center for Biotechnology and Genomic Medicine.

Dr. She, who also has been named Eminent Scholar in Genomic Medicine and professor in the MCG Department of Pathology, will assume full-time responsibilities July 1.

Dr. She is a 1987 graduate of the University of Montpellier II in France. He completed postdoctoral work at the University of Florida's Department of Pathology before joining the faculty in 1989 as an assistant research scientist. He is a founding member of the University of Florida's Center for Mammalian Genetics and serves as director of the center's DNA-sequencing core facility. He served as co-director of the university's Division of Experimental Pathology and Immunology from 1998 to 2000.

Dr. She's research focus is the genetic and immunological mechanisms of human diseases such as type 1 diabetes. His work is currently funded by five NIH grants.

Congress Lauds Dr. Bowden

Toni Baker

Dr. Talmadge A. Bowden Jr., professor emeritus of the Medical College of Georgia Department of Surgery and a 1966 graduate of the MCG School of Medicine, has received the Distinguished Service Award from the Southeastern Surgical Congress.

Dr. Bowden, who also completed his postgraduate surgical training at MCG, is the 16th award recipient in the congress' 72-year history. He was cited for his dedication to the ideals of the congress and to advancing the study and practice of surgery.

He became a member of the Southeastern Surgical Congress in 1972 and has served as its first vice president and councillor at large. He also is editor in chief of the congress' journal, *The American Surgeon.* During his 12-year tenure as editor, he oversaw the transition of the journal from previous owner J.B. Lippincott Company.

Dr. Bowden is an associate member of the editorial board of *Surgical Endoscopy and Interventional Techniques* and a reviewer for *Gastrointestinal Endoscopy,* the *American Journal of Surgery* and the *Southern Medical Journal.* He is a member of the Society of American Gastrointestinal Endoscopic Surgeons' Board of Governors and serves on its Program, Ethics, Finance and Assets Management Committees. He has served as the society's president, president-elect and secretary.

Dr. Hobbs Named Vice Dean

Dr. Joseph Hobbs ('74), chairman of the Medical College of Georgia Department of Family Medicine, has been named to the new post of vice dean for primary care and community affairs in the MCG School of Medicine.

"Primary care physicians are central to health care in our state and nation and critical to our mission at the Medical College of Georgia," said Dr. David M. Stern, dean of the MCG School of Medicine. "Dr. Hobbs has established himself as a leader in family medicine. He is a natural choice for overseeing our university's increasing contributions to educating all types of primary care physicians for Georgia and to furthering clinical and research endeavors in these front-line specialties."

Dr. Hobbs was named department chairman and recipient of the Georgia Academy of Family Physicians' Joseph W. Tollison, M.D., Distinguished Chair in 1998. He served as vice chairman of academic affairs for the family medicine department from 1993 to 1997 and as associate dean for primary care for the School of Medicine from 1994 to 1998.

Dr. Lee Named Chairman

Dr. Mark R. Lee, chief of the Medical College of Georgia Section of Neurosurgery since February 2000, has been named chairman of the newly designated Department of Neurosurgery in the School of Medicine.

Dr. John R. Vender, chief of the general neurosurgery service and director of the

Neurosurgery/Neurology Critical Care Unit, has been named vice chairman.

"The transformation to department status will allow us to improve our primary educational mission, to develop and conduct pertinent research and to provide world-class clinical care," Dr. Lee said. "This is especially important regarding our efforts to build and promote the Neuroscience Center of Excellence at the Medical College of Georgia."

Dr. Lee joined the MCG faculty in 1994. He was named chief of the pediatric neurosurgery service in 1998 and director of the neurosurgery residency program in 1999. He is a 1986 graduate of the University of Chicago Pritzker School of Medicine. He earned his doctorate in neurobiology from the University of Chicago while completing a postdoctoral fellowship in the university's Department of Neurology.Dr. Vender joined the MCG faculty in 1996. He is a 1990 graduate of the Albert Einstein College of Medicine in New York and completed his neurosurgery residency at Hahnemann University in Philadelphia in 1996. Dr. Vender is director of the neurosurgery outpatient office and co-director of the neuroscience course for third-year medical students.

MCG and MCG Health, Inc., hosted a reception April 3 in honor of Dr. Betty B. Wray ('60), who retired in April as interim dean of the School of Medicine. During the reception, MCG President Daniel W. Rahn (right) and MCG Health, Inc., President Don Snell announced the establishment of a Betty B. Wray, M.D., Scholarship Fund. Contributions to the fund can be made to: MCG Foundation Inc. for the Betty B. Wray Scholarship Fund; Medical College of Georgia Alumni Center; 919 15th Street; Augusta, GA 30912

10 Named to Top-Doctor List

Medical College of Georgia President Daniel W. Rahn was among 10 MCG faculty included in the 2002 edition of *America's Top Doctors*, a national patient reference guide published by Castle Connolly Medical Ltd.

Dr. Rahn was cited for his work in rheumatology, including Lyme disease, connective tissue disease and rheumatoid arthritis.

The other MCG faculty included were Dr. Robert J. Adams, neurology; Dr. Thomas R. Gadacz, gastrointenstinal surgery; Dr. Cavid C. Hess, neurology; Dr. Anand Jillella, oncology; Dr. Ronald W. Lewis, urology; Dr. C. Lawrence Lutcher, hematology, Dr. Russell Moores, oncology; Dr. Julian Nussbaum, ophthalmology; and Dr. Kapil Sethi, neurology.

Student Probes Reasons Children Smoke

Ellen Gladden

Maria Smith wants to know why children start smoking cigarettes.

In April, the Medical College of Georgia School of Nursing doctoral student received help from some of the nation's leading cancer nursing researchers.

Mrs. Smith was one of 10 Ph.D. students nationwide invited to present her dissertation research proposal during the Oncology Nursing Society's annual congress in Washington, D.C., on April 18-21. She presented her manuscript, "Self-Concept, Locus of Control, and Tobacco Use among Rural Minority Preadolescents," during the seminar's Cancer Nursing Research Short Course, developed by the Oncology Nursing Society and the National Cancer Institute.

Feedback from the course is helping Mrs. Smith as she explores reasons children start tobacco use at alarmingly younger ages than before. "I thought it was the adolescent years, but as I got into the literature, they are starting as early as 9 to 10 years old. These children are starting to smoke very early and I wanted to know why. What was their influence? So I wanted to look at their self-concept, how they perceive themselves and how they look at themselves in their home life, in their school and among their peers—three influential areas for this age," said Mrs. Smith. "If they value themselves in these areas, how do they view the future? They may feel self-worthy, but feel that they have no control or their destiny is preplanned for them, so they smoke anyway."

Mrs. Smith plans to survey fourth- and fifth-grade students in the rural communities of Jefferson, Jenkins, Burke and Screven Counties with questionnaires to assess their self-concept, tobacco usage, feelings of control and demographic data. "These [school systems] have populations that are at least 50 percent minority and I want to compare that data with Caucasian groups. I live in a rural community and work with minority populations as a family nurse practitioner, so I wanted to look at minorities because the existing literature focuses mostly on Caucasians," said Mrs. Smith, who holds a master's degree in rural community health nursing.

"It looks like the Hispanic and black children are [smoking more and at higher rates] than the white children," she said.

Like teacher, like student? Mrs. Smith's Ph.D. advisor, Dr. Martha Tingen, who provided a letter of support for Mrs. Smith's course application, also presented her research proposal to the Oncology Nursing Society as a doctoral student. "It was such a wonderful experience for me," said Dr. Tingen. Presenters receive oral and written critiques, so "it's a great opportunity to get feedback from

Maria Smith (left) and Dr. Martha Tingen

experts across the country."

Tobacco prevention among elementary students was Dr. Tingen's topic, too, but she never pushed her student to follow in her footsteps. " I didn't know," said Mrs. Smith. "She never once pushed her research on me. Afterward, I said to myself, 'Well, why didn't she let me know this?' But I feel your mentor or advisor should never push their work on you. This is something I wanted to do."

"I want students' dissertations to be on something they are really passionate about," said Dr. Tingen. "It is so time-consuming, so time-intensive —it's an incredible process, and I can't imagine going through the whole Ph.D. experience focusing on an area that my mentor or my advisor forced on me or that I wasn't compelled to do. I'm thrilled Maria is focusing on tobacco prevention."

With the results of her study, Mrs. Smith plans to help rural communities prevent tobacco use. "I would like to develop an educational program to give back to the schools and to health care providers, to help them with what to counsel students on in smoking-cessation programs," she said.

Dearing Clinic Open for Business

Ellen Gladden

More than 18 months of work by the Medical College of Georgia and Dearing Baptist Church came to fruition at a ribbon-cutting celebration May 13.

Medical and nursing faculty and students helped a small basement room in the church blossom into the Dearing Community Health Center. The new clinic, located in the church's Good Shepherd House, has two examination rooms, storage capacity for medical supplies and a large room for community educational programs.

The project, nearly two years in the making, greatly enhances access to primary medical care for the citizens of rural Dearing, Ga.

"For the last 18 months, the health care in Dearing has consisted of a small room in the basement of the Dearing Baptist Church," said Dr. Saundra Turner, associate professor of community/mental health nursing at MCG. "I have been working with students half a day a week to provide blood pressure screening, blood glucose, cholesterol and bone density checks."

She hopes to expand the clinic's hours and establish an interdisciplinary program for MCG students at the Dearing Health Center.

Retired Dean Dusts Off Skills in Japan

Christine Hurley Deriso

Dr. Vickie A. Lambert, recently retired dean of the Medical College of Georgia School of Nursing, accumulated countless war stories about the challenges of teaching throughout her career.

She never dreamed that her most daunting challenges would come after her retirement.

Dr. Lambert and her husband, Dr. Clinton Lambert, moved to Japan last year as the first American nursing faculty to be hired within the National University System in Japan. The system, operated by the Japanese government, consists of about 30 Japanese universities and is considered the country's highest-quality educational system, Dr. Lambert said.

Dr. Lambert and her husband teach English to medical, nursing, allied health and engineering students. She also teaches nursing theory, using an interpreter, to first-year nursing students. "The content is difficult for Japanese students because it is a totally different way of thinking," she said. "It has been a challenge to teach theories developed from western cultures and try to show their relevance to cultures that are eastern in thought and action."

Language and cultural differences aren't her only hurdle. "A number of the faculty within the nursing schools are physicians," Dr. Lambert said. "Needless to say, the nursing curriculum has been designed to look very much like the medical curriculum in Japan. The courses are only six weeks long, so trying to go into any great depth is not possible."

She is also adapting to the system's insistence that students complete all didactic training before beginning any clinical training.

"As a result, the students may do [clinical training] in adult nursing one year after doing the classroom course in adult nursing," Dr. Lambert said. "As you can imagine, this does not make for an environment for transfer of learning from the textbook to reality. The faculty complain that the students forget a lot. When we tried to point out the importance of having class and clinical experience together at the same time, [the administrators] balked and did not want to change the way they have been doing it for heaven knows how long."

But Dr. Lambert, whose wanderlust has always made her eager for new adventures, takes the frustrations in stride. "Every day remains a challenge, but an interesting one nonetheless."

In addition to their work in Japan, she and her husband visited nursing schools recently in Thailand, Korea and Singapore, lecturing to graduate students and faculty in Thailand. "Thailand and Korea have nursing programs very similar to those in the USA," she said. "Both countries have sent a large number of their faculty to the USA to receive a doctoral education." The Lamberts will return to Thailand and Korea shortly to offer graduate courses that will be compressed into three- to six-week time frames.

They also have designed an international study to examine stress in hospital nurses in Thailand, Korea, Japan and Hawaii. They anticipate funding from the Japanese government soon. "We have a research team of 12 nursing faculty teaching in Thailand, Korea, Japan and the USA," Dr. Lambert said. "I think it is going to be interesting to see how nurses from four cultures compare. Our challenge right now is having the research team translate the questionnaires into their native languages without changing the meaning—not an easy task!"

Japanese Students Study Techniques

The patient lying quietly on the operating table was responding beautifully to anesthesia...until, in the throes of a sudden asthma attack, he began gasping for air. The nurse anesthetists at his side calmly and deftly handled the situation. Crisis averted. Later in the operation, the anesthetists responded just as quickly and effectively when the patient suffered a heart attack.

If this patient strikes you as distressingly crisis-prone, you'll be reassured to hear that he isn't real. He's a human patient simulator—a computer-programmed mannequin that responds to anesthesia as a real patient would, enabling MCG nursing anesthesia students to hone their skills in all kinds of circumstances.

Several visitors from Japan, including three nursing students and a recent nursing graduate, visited the MCG School of Nursing human patient simulator lab in March, looking on as certified registered nurse anesthetists Richard Haas and Matthew W. Kervin demonstrated the high-tech wizardry.

"By showing a norm and then creating a disease process, they could instantly see and hear the differences in patient presentation," said Mr. Kervin. "The simulator allows for gradual or instant changes. You can [simulate] an acute asthma attack with the click of a mouse."

In addition to observing simulated situations, the visitors practiced techniques such as epidural, spinal and subarachnoid block anesthesia. They also interacted with MCG nursing anesthesia students. "The Japanese students were very inquisitive of our education," said student Vince Kelley. "We discussed the prerequisites and training needed just to apply for the program."

"I think they understood how difficult it is just to get into a nursing anesthesia program, let alone complete one," said student Matthew Stewart.

The visitors said they were impressed with the simulator's reliability and surprised that nurses administer anesthesia in the United States.

"Japan has no nurse anesthetists; they are forced to rely solely on anesthesiologists. It was a surprise for them to learn that the majority of anesthetics administered in America are done so by certified registered nurse anesthetists," said Mr. Kervin. "When we told them that our students actually administer anesthetics, both regional and general, they assumed it was only in our simulation lab. When we explained that nursing anesthesia students train in the operating room on real people (supervised by certified registered nurse anesthetists), they thought that was wonderful."

"[An interpreter was on hand, but even without that help,] it was clear that they understood what we were describing," said Mr. Haas, noting his admiration of the Japanese students' knowledge base. "Their level of comprehension is incredible for nursing students and recent graduates."

"By the end of their tour they had a whole new perspective on nursing in America," said Mr. Kervin. "They left a very good impression, and I'm sure they took one with them as well."

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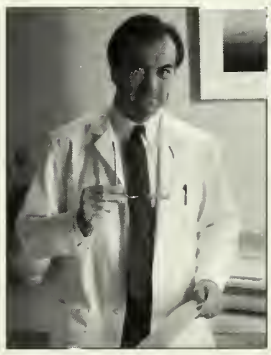

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